



GEORGIA TRAUMA COMMISSION

Georgia Trauma Commission Meeting

August 19, 2021

09:00 AM to 12:00 Noon

Georgia Public Safety Training Center

Agenda

09:00 am to 09:10 am (10 minutes)

Welcome, call to order & establish quorum
Approval of May 20, 2021 Meeting Minutes *
Chairman's Report

Dr. Dennis Ashley

09:10 am to 09:20 am (10 minutes)

Executive Director's Report

Elizabeth Atkins

Old Business 9:20 am to 9:50 am (30 minutes)

CY 2019 Uncompensated Care Report

Jessica Story

Subcommittee & Workgroup Reports I 09:50 am to 10:20 am (30 minutes)

Bylaws Workgroup*
Budget Subcommittee Report*
EMS Subcommittee Report

Dr. Michelle Wallace
Dr. Regina Medeiros
Courtney Terwilliger

----- BREAK 10:20 am to 10:30 am (10 minutes) -----

Subcommittee & Workgroup Reports II 10:30 am to 11:00 am (30 minutes)

GCTE Subcommittee Report
Level III/Level IV/Rural Trauma Center Workgroup

Trauma Administrators Subcommittee
Trauma System Metrics & Data Workgroup Report

Jesse Gibson
Dr. Greg Patterson
Dr. Alicia Register
Dr. Michelle Wallace
Dr. James Dunne

Trauma System Partner Reports 11:00 am to 11:45 am (45 minutes)

Medical Association of Georgia – Medical Reserve Corps
Georgia Trauma Foundation Update
Georgia Quality Improvement Program Update

Office of EMS and Trauma Update

Dr. John Harvey
Lori Mabry
Gina Solomon
Dr. Christopher Dente
David Newton
Renee Morgan

11:45 am

New Business - No new business submissions

Dr. Dennis Ashley

11:45 am to 11:50 pm (5 minutes)

Adjourn
Motion to Adjourn*

Dr. Dennis Ashley



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GEORGIA TRAUMA COMMISSION

GEORGIA TRAUMA COMMISSION Thursday, May 20, 2021 Georgia Public Safety Training Complex Meeting Minutes

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS ABSENT
Dr. Dennis Ashley, Chairman Dr. James Dunne, Vice-Chairman Dr. Regina Medeiros, Secretary /Treasurer Mr. James E. Adkins Sr. (by Videoconference) Dr. John Bleacher Mr. Victor Drawdy (by Videoconference) Dr. James J. Smith (by Videoconference) Mr. Courtney Terwilliger Dr. Michelle Wallace	

STAFF MEMBERS & OTHERS SIGNING IN	REPRESENTING
Elizabeth V. Atkins Gina Solomon Katie Hamilton Erin Bolinger Renee Morgan David Newton Marie Probst Lori Mabry Scott Maxwell Scott Lewis Jesse Gibson Mark Peters Stephanie Jordan Kristal Smith Farrah Parker Stephanie Gendron Crystal Shelnut Fred Jones John Harvey DM Pollock Frank Killebrew Brandi Fitzgerald Jonathan Lineup	GTC, Executive Director GTC, GQIP Manager GTC, Business Operations Officer GTC, Office Coordinator OEMS/T OEMS/T OEMS/T Georgia Trauma Foundation Maxwell Region I RTAC Coordinator Region II RTAC Coordinator Region III RTAC Coordinator Region IV RTAC Coordinator Region V RTAC Coordinator Region VI RTAC Coordinator Region IX RTAC Coordinator Region X RTAC Coordinator Medical Association of Georgia Medical Association of Georgia

Marie Probst Renee Morgan David Newton Kelli Joiner Pamela Hudson Dr. Greg Patterson Dr. Alicia Register Bernie Restrepo Crispin Kingrey	
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Call to Order: 21:38 on recording

Dr. Ashley called the meeting to order at 11:20 AM, with nine of nine members present either in person or by Zoom videoconference.

Chairman's Report 23:52

Presented by Dr. Dennis Ashley

Dr. Ashley welcomed everyone and recognized the work at the various subcommittees and trauma organizations, the Georgia Committee on Trauma (GCOT), for example, throughout the state. I would like to recognize Liz Atkins for being appointed as Chair-Elect for the Trauma Center Association of America's Trauma Systems Committee. Liz also serves as the ACS COT (national level) liaison for the Society of Trauma Nurses. I have previously served on the COT and currently still serve as Region Chief to greatly influence trauma systems on a national level. Dr. Ashley underscored the importance of our connection with these national-level committees and called on everyone to keep us advised on any other Georgia representatives on national committees so that he can recognize those individuals.

MOTION GTCNC 2021-2-01:

I make the motion to approve the February 25, 2021 meeting minutes as presented with a change to RFP (RFI) language under the EMS Subcommittee report.

MOTION BY: Jim Adkins

SECOND BY James Dunne

VOTING: All members are in favor of the motion.

ACTION: The motion **PASSED** with no objections nor abstentions.

Executive Director Report 26:52

Presented by Ms. Elizabeth Atkins

Ms. Atkins reiterated the great work by all of the subcommittees, and the Commission is grateful for all of the efforts to move system improvement priorities forward. Katie Hamilton has been promoted to Finance Operations Officer, which more accurately reflects her role and day-to-day functions with the Commission as the lead in finance operations. Friday, May 21, is Erin Bolinger's last day with the Commission. Ms. Bolinger has been with the Commission for over four years, we will miss her, and we wish her the very best in her new role. Ms. Atkins reference the SuperSpeeder revenue trends included

in the packet. In a follow-up to the February meeting, she and Ms. Hamilton are trying to get better information on Fireworks Excise Tax revenue, but that has proved challenging thus far. Together they will continue to see if we can get better details of the distribution of revenues. Enabling legislation (HB 511) is awaiting the Governor's signature. That may impact our base budget and our amended "true-up" to match total SuperSpeeder revenues. We are working with OBP to determine how this will affect future allocations.

May is Trauma Awareness Month. Yesterday (May 20, 2021) was Trauma Survivor's Day. Next year, as we transition out of COVID lockdown, we hope to partner with other entities (e.g., with Georgia Trauma Foundation) in events and messaging around trauma awareness and trauma survivors. Lastly, Ms. Atkins referenced the Warren Averett Uncompensated Care Audit report included in the Commissioner packets. She suggested that Jessica Story from Warrant Averett come to the August meeting and present a summary as the information is very detailed, and all Commissioners may not be familiar. Dr. Medeiros suggests that it may be beneficial for Ms. Story to present to the Administrators group to understand the methodology's nature. Dr. Ashley agrees and believes a presentation to both the Administrators group and the Commissioners is essential; they [Commissioners] will know how to appropriately respond if legislators ask them questions on trauma uncompensated care reimbursement. Given the trauma center leadership turnover, Ms. Story has offered to create an orientation program so that new trauma leaders can more easily understand the process. Ms. Atkins mentioned the great success and activities at the RTAC level as she and Ms. Solomon have been attending the regional meetings. We can leverage some of the She has established a monthly RTAC meeting for all RTAC coordinators to keep on track.

Bylaws Workgroup (35:58)

Presented by Dr. Michelle Wallace

Dr. Wallace reported that the group met on Monday. The group plans to have amended bylaws prepared for consideration and vote at the August meeting. There are some verbiage changes, primarily around subcommittees and workgroups structure, and who can chair a subcommittee or workgroup. Also included will be a set review of the bylaws every three years and a Commission member reorientation to occur at the annual meeting in November. The reorientation would include SB60, uncompensated care, and other relevant items to ensure that everyone is aware of these critical items. Dr. Dunne suggested that if non-Commission members chairing subcommittees, any items for consideration and vote by the Commission will need to be submitted well in advance. Dr. Wallace added that there would be Commission member representation on each subcommittee, but the Commission member didn't necessarily need to be the one leading and driving it. There was discussion around bringing motions forward if the subcommittee chair is not a Commission member. Dr. Medeiros suggests adding verbiage that we follow Roberts Rules of Order. She said we need to have charters for each subcommittee that defines the charge for the subcommittee with an appointed leader with a specified timeframe for reporting. The GCTE is an example of an outlier subcommittee; it does not have bylaws and is not chaired by a Commission member. We should have a list of all the subcommittees, ensuring that processes are consistent with charters and expected outcomes. When new subcommittees and workgroups are formed, they will understand expectations. Dr. Ashley added that the time is right for some changes given the number, size, and scope of subcommittees. He thanks the workgroup for its efforts.

Budget Subcommittee Report (43:10)

Presented by Dr. Regina Medeiros

Dr. Medeiros reports that the budget subcommittee is meeting monthly. Much of the efforts have been in fine-tuning processes and aligning with our established timeline. Dr. Medeiros referenced the reallocation plan pg. 41 in the meeting packet. This is the plan for the reallocation of funds that were unspent due to COVID.

MOTION GTCNC 2020-05-02:

I make the motion to approve the FY 2021 Reallocation Plan proposal as presented.

MOTION BY: Budget Subcommittee

VOTING: All members are in favor of the motion.

ACTION: The motion **PASSED** with no objections nor abstentions.

Dr. Medeiros then referenced the FY 2022 spend plan on pg. 42. You should all be familiar with this plan that the budget subcommittee brings forward for discussion and approval.

MOTION GTCNC 2020-05-03:

I make the motion to approve the FY 2022 Spend Plan proposal as presented.

MOTION BY: Budget Subcommittee

VOTING: All members are in favor of the motion.

ACTION: The motion **PASSED** with no objections nor abstentions.

Dr. Medeiros presented the final item for voting, the FY 2022 Trauma Center Performance-Based Pay Criteria. The criteria are the same as last year, with some minor changes highlighted in blue. The changes are primarily around the attendance requirements of all system members at the spring and summer meetings.

MOTION GTCNC 2020-05-04:

I make the motion to approve the PBP Criteria Plan as presented.

MOTION BY: Budget Subcommittee

VOTING: All members are in favor of the motion.

ACTION: The motion **PASSED** with no objections nor abstentions.

Dr. Medeiros advised that the budget subcommittee will work on a draft plan for allowing the subcommittee to reallocate funds with specific limits. Waiting for quarterly Commission meetings is often a barrier in managing encumbrance deadlines. We plan to define and bring it back for consideration and feedback.

Lastly, the grants and contracts workgroup convenes again in July to continue working around the accountability mechanism and funding amounts for each contracted entity. Dr. Medeiros thanked Drs. Wallace and Smith for their time and efforts in reviewing their assigned contracts and offering suggestions as we move forward.

EMS Subcommittee (57:40)

Presented by Mr. Terwilliger

Mr. Terwilliger highlighted items from his report. The reallocation plan just approved today will help replace those outdated, older AVLS units. Several counties have still not taken advantage of AVLS primarily due to limitations in broadband coverage. The RFI process for the learning management system helped inform what an RFP will look like now that we have an awareness of the capabilities of a learning management system. The workgroup tasked with this project will develop the RFP. The goal of the learning management system is to get training, particularly in the rural areas, and, eventually, on a statewide basis. Services would have the ability to put service-specific content on the platform. The cost is unknown at this time. Initially, the focus would be on 911 providers but eventually all pre-hospital and potentially nursing professionals. Dr. Dunne asked for clarification on offering a warehouse of courses, education requirements, or a tracking mechanism. Mr. Terwilliger clarifies that this would be a warehouse. In terms of GEMSA education, over 95,000 contact hours of EMS education have been provided with Commission funding so far this fiscal year. They are looking at cost-effective, creative ways to train pre-hospital professionals to increase the workforce. The education plan is on course for completion by the end of the current fiscal year.

Injury Prevention Subcommittee (1:06:23)

Presented by Dr. John Bleacher

The IP Subcommittee met in March, primarily report outs from several active initiatives. Dr. Wu is co-chairing a national committee on Cardiff Violence Prevention program dissemination. Cardiff uses data sharing on violent crimes to partner with businesses to mitigate violent injuries. The FASTER-GA program is working on the data dissemination plan. BOLD program is focused on dementia and Alzheimers, mainly around falls; Stephanie Gendron volunteered to serve on the advisory board. Bingocize, also a fall prevention program, was presented by Kristal Smith. Funding support for a Bingocize pilot in the reallocation plan that you just approved.

IP grants are delayed due to COVID-19, resulting in a reporting delay. We should have an update for August.

Trauma System Metrics & Data Workgroup (1:11:21)

Presented by Dr. James Dunne

The purpose of this group is to tackle the elusive task of measuring time to definitive care. What kicked the group off was the original data provided by OEMST back in August of 2020. We've had several meetings to go over that. The devil is in the details. The data is very challenging, very disjointed, and difficult to parse through. Through the work of Gina, Liz, and Marie, we have focused on the most critical

patients first and completed a drill-down; a PowerPoint is included in your packets for reference. Ms. Solomon provided an overview of the data drill-down PowerPoint. The drill-down has provided a glimpse into some of the clinical issues in the most critically injured patients who arrive at a lower level center and get transferred to a higher level of care. Of note, the majority of the 6,000 from the 2019 trauma registry came from non-designated centers.

Mr. Terwillinger and Dr. Dunne noted the importance of communication with referring centers and how challenging that can be at times. Dr. Ashley acknowledged the collaboration with Marie Probst in getting this started. He likened this to when we started with our TQIP collaborative, we are not at the point where we can answer any questions, but we are learning. A discussion ensued around how the center-to-center follow-up happens, the one-on-one conversation, and the nature of that conversation. Dr. Ashley shared how he conducts follow-up in a very unintimidating, unauthoritative tone. He shared that he not only gets calls back but has developed relationships through that. The high turnover is often a challenge in providing meaningful feedback. Mr. Terwillinger mentioned the need for more 911 services to complete the training to administer blood during transport. Dr. Wallace asked if we look at that transfer data to determine where trauma centers need to be placed and funded. When a new trauma center pops up, there's no additional funding to support it. Dr. Ashley added we had a top-five list, based on data, Dr. Pracht's map of the trauma centers, and access to those centers. We have been chiseling away to get trauma centers stood up where needed. We have a map that shows how the circles are coming closer together.

Level III/ Level IV Trauma Center Workgroup (1:35:35)

***Presented by Dr. Greg Patterson
Dr. Alicia Register***

Dr. Register introduced herself and Dr. Patterson to the group. The readiness costs survey will provide a window into what it takes to keep the doors of a level III and level IV trauma center open. Dr. Register referenced the report on page 68 that lists the subcommittee's initiatives. Dr. Register mentioned the external consult visit funding for level III and level IV consult visits. Dr. Patterson added that he is grateful for the Commission focusing on rural trauma care in Georgia, particularly in Southwest Georgia.

The topic of hanging blood is a significant barrier for transferring patients. He is glad the Commission feels that it is essential as well. Dr. Ashley encourages the cascading of the MARCH PAWS initiative to this group and ultimately non-trauma centers in south Georgia to save lives. The group is now melded to include military contacts as well as SORH. The external consult visit funding placeholder is in the amended budget for AFY 2022 and will come before the Commission in August. Dr. Medeiros added that she is impressed that the rural centers ask for (1) readiness costs survey analysis and (2) their willingness to open their doors to external scrutiny of consult visits. It reflects the advancement of where we are. It all comes back to data and understanding what the needs are. Those from more experienced centers should serve as mentors. There is value from a neutral, third-party, non-linked entity providing external visits to focus a critical eye on centers. Dr. Patterson echoed Dr. Medeiros' thoughts.

Trauma Administrators Subcommittee (1:52:52)

Presented by Dr. Michelle Wallace

The trauma administrators subcommittee will develop a charter and purpose to show value and meaning. She would like to include an executive leader orientation to trauma center finance, quality, and leadership. Dr. Wallace asks for help in identifying the charge and purpose of the group. Liz is drafting a CEO appointment request to ensure that there is a high level of oversight. Ideally, we would meet in person during the spring and summer meetings. Then we would meet before the quarterly Commission meeting to be able to report out. Administrator meeting attendance is part of the FY 2022 PBP criteria. Dr. Wallace prefers appointees be at the “c-suite” level. Typically a COO, CNO, someone with executive-level authority over the trauma program. This will help support the GCTE. Historically we have had a mix of both the GCTE and administrator groups, but we need to ensure this is executive-level to support the trauma program's needs. Dr. Ashley commented on the executive leader orientation in that it would help to have a boot camp so they can learn how to support the trauma centers. The trauma center finance course would be an excellent opportunity to ensure centers maximize their reimbursements, so the Commission funding is supplemental.

GCTE Subcommittee (2:01:26)

Presented by Ms. Jesse Gibson

Ms. Gibson referenced the report on pages 71 and 72. She advises that the GCTE is meeting tomorrow, her first official meeting as the GCTE Chair. Ms. Gibson plans to spend time in tomorrow's meeting to ensure GCTE goals are aligned with Commission and other system stakeholder entities. She would like to limit it to two primary areas of focus. The PI subcommittee is still working on its PI playbook. There is a wealth of education, and we thank our partners and the Georgia Trauma Foundation for their educational support.

Georgia Trauma Foundation (2:06:09)

Presented by Ms. Lori Mabry

Ms. Mabry introduced Cheryle Ward, GTF Director of Philanthropy. Ms. Ward comes to the GTF with over ten years of experience in philanthropic fundraising. The last year has been challenging, and she is happy to have Cheryle's expertise and critical eye. GTF is re-evaluating its strategic priorities, and is hopeful to have a plan to submit for review for the August Commission meeting. GTF has Board and Executive Committee meetings. We are looking forward to Day of Trauma on August 13. Registration and hotel links are now open. We will offer a virtual option and will share more information closer to the meeting date. April 30, 2022, will be the date of our Annual Gala at the Porsche Experience Center. Dr. Bleacher added that now that Cheryle is in place, it's vital that we have a clear message to potential donors.

While the primary focus is fundraising, and it can be frustrating, we believe it's essential to have that solid message and strategic plan. GTF has an infrastructure for education and research applications; it just needs to partner with stakeholders. Ms. Mabry referenced the trauma research projects reports on page 76. They have all been given an extension in response to COVID-19 delays with project completions. Dr. Ashley has completed his work at Navicent. It has been accepted for presentation at AAST at the end of September. Once that work is presented there, it can be shared with the Commission. Dr. Ashley mentioned the portfolio that GTF has built with education, research, and survivor stories; this is a powerful message for donors. Dr. Ashley welcomed Ms. Ward. Dr. Bleacher mentioned GTF Board

expansion. Specifically, he needs recommendations, particularly those in circles outside of ours, e.g., the business community.

GQIP Update (02:16:54)

Presented by Ms. Gina Solomon

Ms. Solomon referenced her report on page 75. Workgroups are meeting monthly. The AKI work resulted in an abstract that was submitted for the ACS Quality and Safety Conference. The sTBI registry report template is in process and will include some attributes to look at the non-accidental trauma component for the pediatric population. Ms. Tracy Johns has been instrumental in helping with the registry reports. We are beginning to identify and define the process for peer protection as we get underway with our analysis and handling PHI and want to ensure compliance with Georgia Code. A discussion around the next GQIP meeting, held in conjunction with GSACS, will be held in person at St. Simons. At this time, the Commission meeting is scheduled to occur the week after GQIP. The Commission discussed some of the challenges with having the meetings separated, namely the ability to travel on two separate weeks. This year is an anomaly due to COVID-19.

MOTION GTCNC 2021-05-04:

I make the motion to assess the feasibility of changing the August 2021 meeting date to coincide with the Day of Trauma.

MOTION BY: Dr. James Dunne

SECOND BY: Courtney Terwilliger

VOTING: All members are in favor of the motion.

ACTION: The motion **PASSED** with no objections nor abstentions.

Office of EMS & Trauma (2:29:53)

Presented by Mr. David Newton and Ms. Renee Morgan

Mr. Newton referenced his report on page 101. Licensing renewal was on par with previous years' allaying concerns about pre-hospital providers leaving the profession due to COVID-19; new licensures are occurring as well. TRAIN is the new learning management system for Georgia; DPH and GBI are interested in using TRAIN for educational content. This is available to the Georgia Trauma Commission. The benefit of this system is that we have done provider training for agencies that want to be providers. Agencies can put their content on TRAIN. There are already 248 hours of completed education since it launched in early March. OEMST absorbs the cost of the system. Other states use TRAIN and allow access to their content; we had access to approximately 28 courses from other states upon start-up of TRAIN. It's a great system, and it's a collaborative system. OEMST intends to put education for new TPMs and TMDs.

Ms. Morgan mentioned that their office has been extremely busy recently. She has struggled with securing site surveyors for rural areas in particular. ACS visits are starting to happen again; they have had three recent ACS virtual visits. Ms. Morgan congratulated Wellstar Kennestone for their recent successful ACS verification as a level II trauma center, and Grady's successful reverification site visit as

an ACS verified level I center. CHOA Scottish Rite has had a virtual visit and is awaiting its final report. Two-level I centers are awaiting ACS visits. Several level IIs have had consults but not verification visits; those are in the process of being scheduled. We are catching up on level III and IV site visits, and we have had several centers interested in becoming trauma centers. Two are in EMS Region 4; the two Region 4 candidate centers will have site visits before the end of the year. We are working closely with Phoebe to get them prepared for their level. Two other military bases are interested; they must have the registry approved, which can cause delays. Ms. Morgan has conducted quite a few tabletop visits for site survey preparation or interest in becoming a trauma center. Ms. Morgan is interested in participating in the Rural/level III/level IV subcommittee. A new trauma center list and map are in process. Ms. Morgan asks ER physicians and Trauma Medical Directors to assist with trauma center designation site visits.

Ms. Probst has enjoyed collaborating with the GQIP and parsing the data with Gina and Liz. She looks forward to our continued collaboration on the timeliness to definitive care project.

Old Business (2:42:40)

Presented by Dr. Dennis Ashley

There was a request at the February Commission meeting, a motion, for the Office of the Attorney General to be present at the May meeting. Today, Mr. Daniel Walsh is present to represent the Attorney General Office to answer questions about the Commission's administrative attachment to the Department of Public Health (DPH). Mr. Terwilliger explained that he made the motion in light of his confusion about a gentleman who left the organization [the Commission], that he was involved in hiring but doesn't have too much information about why he left. He added that he doesn't know what DPH rules are about HR, and how much impact we [Commission] can or should have, or what is appropriate and what is not appropriate. He said he felt like he was out in the dark. Mr. Walsh explained that he understands but is not able to answer a specific question about that situation. Mr. Walsh understood that what's involved in being assigned to another department might be the subject of discussion, and he can give an overview of what the Georgia statute provides and what it means to be assigned to another agency, but it won't be specific to that particular issue. Mr. Terwilliger agrees that it might be helpful to understand what freedoms we [Commission] have or do not have. Mr. Terwilliger added that the state tends to have a little more bureaucracy. He explained that he was around when the Commission was created, and his interpretation was that it [Commission] was set up so that we [Commission] would have a little more freedom to do things a little quicker, and I'm just trying to get a better handle on whether I'm wrong on that.

The Georgia statute that discusses administrative assignment defines the agency as the agency that is assigned; in this case, the Commission and department refers to the department to which the agency is assigned, in this case, Department of Public Health, as provided for in OCGA § 31-11-101(a). That provision that defines the Georgia Trauma Commission as assigned to the Department of Public Health for administrative purposes refers to another statute OCGA § 50-4-3 that further delineates the agency's roles and the department to which the agency is assigned. Some of that ties back to the authority of the

particular agency assigned. One area in which they address it is budget. The assigned agency does prepare its budget and submits it through the department. The department would include the agency's budgetary request as part of its submission but separate from the department's budget. As far as staff, that assigned agency's staff hires its own personnel if authorized by law. For the Commission, there is a specific statute that lists all the duties and responsibilities: OCGA § 31-11-102. OCGA § 31-11-102-11 describes the Commission's authority to employ staff to fulfill its mission. It does allow the department to which the agency is assigned, the Department of Public Health, in this case, to provide staff for the agency, and it is subject then back to the provision about the agency being able to hire staff. There is a provision in OCGA § 50-4-3 that talks about the agency making independent policy decisions. Mr. Walsh explains he has considered that provision to be more about the substantive aspects that you have those independent policy decisions. How this would relate to a particular instance, Mr. Walsh would need to know the facts.

Mr. Terwilliger expressed that he is not any clearer. Mr. Walsh explained that his department would need a specific request in writing to address a particular issue to ensure they have all the facts and details, so they don't miss anything and answer the exact answer that the Commission desires. Mr. Terwilliger states that this is beyond his capabilities today. His understanding is that the legislators intended to give the power to those who are passionate about trauma and would focus on trauma and not drift away from the mission. Mr. Terwilliger commented that he is still unclear about what we [Commission] should or shouldn't do. He does not want to ask a specific question because he does not like to ask questions of attorneys who give specific answers. Herein lies the devil in the details. Mr. Walsh added, concerning remaining focused on the mission, OCGA 50.4.3. (a). (1): An agency assigned to a department for administrative purposes only shall exercise its quasi-judicial, rule-making, licensing, or policy-making functions independently of the department and without approval or control of the department. Mr. Terwilliger responded that he liked that statement and requested that Mr. Walsh send that language to him by email. Dr. Ashley concurs that language is essential and provides us some significant protection. Dr. Ashley thanked Mr. Walsh for being present today.

New Business (2:52:16)

Presented by Dr. Dennis Ashley

Dr. Ashley asks Commissioners what their thoughts are on altering the meeting time, given that meeting in the middle of the day is not conducive to getting business done with a mid-afternoon meeting because it consumes the entire day. Dr. Ashley is sensitive to the needs of those commuting significant distances and through high-traffic areas. Starting the meeting earlier would allow us to adjourn before lunchtime. Dr. Dunne concurs that he would prefer to begin as early as 8 AM. Members agree with the earlier meeting start time of 0900 AM for the next meeting.

MOTION GTCNC 2021-05-05:

I make the motion to adjourn.

MOTION BY: Regina Medeiros

SECOND BY: Courtney Terwilliger

VOTING: All members are in favor of the motion.

ACTION: The motion **PASSED** with no objections nor abstentions.

Meeting adjourned at 1:56 PM.

Items in blue highlight represent those identified for follow-up

Minutes respectfully submitted by E. Atkins

**GEORGIA TRAUMA CARE
NETWORK COMMISSION**

**VALIDATION OF UNCOMPENSATED
CARE CLAIM DATA**

AGREED-UPON PROCEDURES

For the Year Ended December 31, 2019

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INDEPENDENT ACCOUNTANTS' REPORT

To the Georgia Trauma
Care Network Commission

We have performed the procedures enumerated on Attachments A and A-1, which were agreed to by you, solely to assist you with respect to the validation of uncompensated care claim data for the year ended December 31, 2019. The Georgia Trauma Care Network Commission and the Georgia-designated Trauma and Burn Centers' (as listed on Attachment A) management are responsible for the uncompensated care claim data submitted for these procedures. The sufficiency of the procedures is solely the responsibility of the Georgia Trauma Care Network Commission. Consequently, we make no representation regarding the sufficiency of the procedures described on Attachments A and A-1, either for the purpose for which this report has been requested, or for any other purpose.

Our findings, documentation and recommendations for the procedures outlined in Attachments A and A-1 are outlined in Attachments B, B-1, and B-2 to this report.

This agreed-upon procedures engagement was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. We were not engaged to, and did not, conduct an audit or examination, the objective of which would be the expression of an opinion on the uncompensated care claim data. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of the Georgia Trauma Care Network Commission and the Georgia-designated Trauma and Burn Centers and is not intended to be and should not be used by anyone other than these specified parties.

Warren Averett, LLC

Atlanta, Georgia
May 18, 2021

Georgia-designated Level I and II Trauma Centers and Burn Centers:

- Wellstar Atlanta Medical Center (AMC) – Atlanta
- Grady Memorial Hospital (Grady) – Atlanta
- Medical Center - Navicent Health (Navicent) – Macon
- Augusta University Medical Center (Augusta) – Augusta
- Memorial Health University Medical Center (Memorial) – Savannah
- Piedmont Athens Regional (Athens) – Athens
- Floyd Medical Center (Floyd) – Rome
- Northside Gwinnett Medical Center (Gwinnett) – Lawrenceville
- Piedmont Columbus Regional (Columbus) – Columbus
- Wellstar North Fulton Hospital (North Fulton) – Roswell
- Children’s Healthcare of Atlanta at Egleston (Egleston) – Atlanta
- Children’s Healthcare of Atlanta at Scottish Rite (Scottish Rite) – Atlanta
- Joseph M. Still Burn Center (JMS) – Augusta
- Wellstar Kennestone Regional Medical Center (Kennestone) – Marietta
- Grady Burn Center (GBC) – Atlanta
- Northeast Georgia Medical Center (Northeast) – Gainesville

Procedures:

The following are the agreed-upon procedures that Warren Averett, LLC (WA) was engaged to perform related to the Georgia-designated Trauma and Burn Centers (Centers) listed above.

1. WA will assist the Georgia Trauma Care Network Commission (GTCNC) in the development of the uncompensated care claims survey instrument for the year ended December 31, 2019 (CY2019).
2. WA will deliver the survey instrument and collect the listing of uncompensated care claims submitted by each Level I Trauma, Level II Trauma and Burn Centers. The listing will contain the claim identification number, trauma registry or equivalent number, date of admission and the patient’s severity scoring.
3. For each Trauma and Burn Center (Center), WA will select a sample of the uncompensated care claims for testing as follows:
 - a. For Centers with less than 25 claims, WA will test 5 claims;
 - b. For Centers with between 25 and 50 claims, WA will test 10 claims;
 - c. For Centers with between 50 and 150 claims, WA will test 20 claims; and,
 - d. For Centers with greater than 150 claims, WA will test 40 claims.

4. For each claim selected in procedure #3 above, WA will view (through remote testing procedures) the electronic billing record (EBR) or documents comparable to the EBR to determine that as of February 12, 2021 each claim selected in our sample met the criteria for consideration as an uncompensated care claim. The criteria for consideration as an uncompensated care claim are as follows:
 - a. The EBR documents that the patient had no medical insurance, including Medicare Part B coverage;
 - b. The EBR documents the patient was not eligible for medical assistance coverage;
 - c. The EBR documents that the patient had no medical coverage for trauma care through workers' compensation insurance, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage;
 - d. The EBR documents that the patient has not paid more than 10% of total charges after documented attempts by the trauma care services provider to collect payments; and
 - e. The EBR documents that there were no third party payments received.
5. For each claim selected in our sample (as defined above), WA will determine that the Center has documented attempts at collection using the documentation that is available at each Center.
6. WA will verify that the Severity Score Category (SSC) assigned to each claim selected in our sample (as defined above) matches the SSC for that patient in NTRACS (trauma registry software) used by all Trauma Centers or the burn registry used by Burn Centers and is included in the National Trauma Database (NTDB).
7. WA will consider the additional clarifications approved by the GTCNC listed below:
 - A. Claims deemed qualified under the GTCNC uncompensated care definition:
 - a. Cases where financial counselors at the Center determined that the patients qualified for a charity program offered by the hospital whereby the account was written off and further attempts to collect were not made.
 - b. Cases where patients were victims of a crime and the Center received a small payment up to 10% of hospital charges from a third party charity.
 - c. Cases where patients were undocumented aliens and the Center received a small payment up to 10% of hospital charges from a third party charity.
 - d. Cases where insurance could not be verified.

- B. Claims deemed NOT qualified under the GTCNC uncompensated care definition:
- a. Cases where the patient expired and the Center did not attempt to collect.
 - b. Cases where patients received settlements directly but did not pay the Center after repeated collection attempts.
 - c. Cases where there was a reciprocal agreement with another party for exchange of services and the Center did not attempt further collection procedures.
 - d. Cases where claims are sold to a collections agency.

WA discussed the findings summarized in Attachment B and presented in detail within Attachment B-1 from the execution of our agreed-upon procedures (AUP) as described in Attachment A with the Executive Director for the GTCNC. Various criteria were used by the GTCNC staff to determine the appropriate additional procedures to be performed as outlined below. Examples of the criteria used were: the number of exceptions noted, the pervasiveness of the exceptions noted, and the type of exceptions noted from the execution of our AUP as described in Attachment A. As a result of the GTCNC staff's review of the findings summarized in Attachment B and presented in detail in Attachment B-1, WA was engaged to perform the following additional procedures:

1. Provide each Center with the findings from our AUP as described in Attachment A. See the information that was provided to each Center in Attachment B-1.
2. Request revised lists of uncompensated care claims from the following Centers:
 - AMC

These revised lists should be duplicates of the original list provided to WA minus any claims that were identified in our agreed-upon procedures (AUP) to be in error (re: Attachment B Findings A through G in our report) along with any other claims that each Center identified as erroneous.

3. Compare the revised lists received above against the original lists received to ensure that errors WA noted in the AUP were eliminated (along with any other claims that each Center identified as erroneous) and that there are no new claims added to the list.
4. Evaluate the revised lists to determine if additional testing procedures should be applied. No additional procedures were applied.
5. Revise WA AUP report to report the updated uncompensated care claims for each Center. Results are presented in Attachment B-2.
6. Inform each Center of the final uncompensated care claims totals after all testing procedures. Results are presented in Attachment B-2.
7. Present our final report to the Executive Director of the GTCNC.

WA performed only the procedures outlined in Attachments A and A-1 and did not perform any additional procedures. We did not perform any procedures to evaluate if there were trauma patient claims that should have been reported by each Center as uncompensated care claims and were not.

Findings Summary:

We have accumulated our findings from our AUP that are outlined in Attachment A. They are outlined below along with our recommendations which have been considered and acted upon as deemed appropriate (See Attachment A-1). Additional information for each finding can be found in the detailed reports by location (See Attachment B-1).

1. Finding: We noted claims at the following Centers where we concluded that the documentation did not meet the criteria for an uncompensated care claim due to:

A. Patient had insurance including Medicare Part B coverage.

- Augusta
- Gwinnett
- Columbus

Recommendation: We recommend the GTCNC consider requesting that these Centers revise their CY2019 uncompensated care claim list to exclude all claims where patients had insurance including Medicare Part B coverage.

B. Patient was eligible for medical assistance coverage.

- Navicent

Recommendation: We recommend the GTCNC consider requesting that these Centers revise their CY2019 uncompensated care claim list to exclude all claims where patients were eligible for medical assistance coverage.

C. Patient had medical coverage for trauma care through workers' compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.

- Memorial

Recommendation: We recommend the GTCNC consider requesting that these Centers revise their CY2019 uncompensated care claim list to exclude all claims where patients had medical coverage for trauma care through workers' compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.

D. Payment by patient greater than 10%.

- None

Recommendation: None

E. Receipt of a third party payment.

- Navicent
- Augusta

Recommendation: We recommend the GTCNC consider requesting these Centers revise their CY2019 uncompensated care claim list to exclude all claims where third party payments were received.

F. No collection attempts were made by the Trauma Center.

- AMC
- Memorial
- Gwinnett
- Columbus
- Scottish Rite

Recommendation: We recommend the GTCNC consider requesting these Centers revise their CY2019 uncompensated care claim list to exclude all claims where there were no collection attempts.

G. The SSC provided in the detail list of uncompensated care claims did not match the SSC for that patient in the NTRACS or burn registry or was not included in the NTDB.

- JMS

Recommendation: We recommend the GTCNC consider requesting these Centers revise their CY2019 uncompensated care claim list to reflect the SSC listed in NTRACS or burn registry.

H. The claim was not included in the NTDB.

- Memorial

Recommendation: We recommend the GTCNC consider requesting these Centers revise their CY2019 uncompensated care claim list to reflect only claims included in the NTDB.

Trauma Center: Wellstar Atlanta Medical Center (AMC)

Purpose: To test that uncompensated care claims are properly recognized according to the criteria identified below.

Procedures: For Centers with greater than 150 claims we will test 40 claims.

AMC reported 375 claims; therefore, we selected a sample of 40 for testing.

We determined whether the claims selected met the criteria for consideration as an uncompensated care claim. The criteria are as follows:

- a** The EBR shows the patient had no medical insurance, including Medicare Part B coverage.
- b** The EBR shows the patient was not eligible for medical assistance coverage.
- c** The EBR shows that the patient had no medical coverage for trauma care through workers’ compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.
- d** The EBR shows that the patient has not paid more than 10% of total charges after documented attempts by the trauma care services provider to collect payments.
- e** The EBR shows that there were no third party payments received.
- f** The Center has documented attempts at collection via documentation available at the Center.

Additionally, for each claim selected we determined the following:

- g** We verified that the SSC reported is the same as that listed in the Center’s NTRACS or burn registry.
- h** We verified that the claim reported was included in the NTDB.

	Medical Record No	Trauma Number	Admit Date	ISS	a	b	c	d	e	f	g	h	Comments
1	565865170	201901275	6/26/2019 13:52	9	P	P	P	P	P	X	P	P	no collection efforts
2	566040264	201902785	12/17/2019 19:21	14	P	P	P	P	P	X	P	P	no collection efforts
3	565752883	201900562	4/3/2019 7:27	17	P	P	P	P	P	X	P	P	no collection efforts

Tickmark Explanations:

- P** Step performed without exception.
- X** Issue noted, see explanation to the right of claim.

Trauma Center: Medical Center – Navicent Health (Navicent)

Purpose: To test that uncompensated care claims are properly recognized according to the criteria identified below.

Procedures: For Centers with greater than 150 claims we will test 40 claims.

Navicent reported 177 cases; therefore, we selected a sample of 40 for testing.

For each claim selected, we viewed the electronic billing record (EBR) or documents comparable to the EBR.

We determined whether the claims selected met the criteria for consideration as an uncompensated care claim. The criteria are as follows:

- a** The EBR shows the patient had no medical insurance, including Medicare Part B coverage.
- b** The EBR shows the patient was not eligible for medical assistance coverage.
- c** The EBR shows that the patient had no medical coverage for trauma care through workers’ compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.
- d** The EBR shows that the patient has not paid more than 10% of total charges after documented attempts by the trauma care services provider to collect payments.
- e** The EBR shows that there were no third party payments received.
- f** The Center has documented attempts at collection via documentation available at the Center.

Additionally, for each claim selected we determined the following:

- g** We verified that the SSC reported is the same as that listed in the Center’s NTRACS or burn registry.
- h** We verified that the claim reported was included in the NTDB.

Trauma													
	Number	MRN	Admit Date	ISS	a	b	c	d	e	f	g	h	Comments
1	20149162	7452819	9/19/2019	8	P	X	P	P	X	P	P	P	Received retro Medicaid payment on 12/8/2020.
2	20149089	7427561	9/9/2019	14	P	X	P	P	P	P	P	P	Claim is pending Medicaid.

Tickmark Explanations:

- P** Step performed without exception.
- X** Issue noted, see explanation to the right of claim.

Trauma Center: Augusta University Medical Center (Augusta)

Purpose: To test that uncompensated care claims are properly recognized according to the criteria identified below.

Procedures: For trauma centers with greater than 150 cases we will test 40.

Augusta reported 400 cases; therefore, we selected a sample of 40 for testing.

For each claim selected, we viewed the electronic billing record (EBR) or documents comparable to the EBR.

We determined whether the claims selected met the criteria for consideration as an uncompensated care claim. The criteria are as follows:

- a** The EBR shows the patient had no medical insurance, including Medicare Part B coverage.
- b** The EBR shows the patient was not eligible for medical assistance coverage.
- c** The EBR shows that the patient had no medical coverage for trauma care through workers’ compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.
- d** The EBR shows that the patient has not paid more than 10% of total charges after documented attempts by the trauma care services provider to collect payments.
- e** The EBR shows that there were no third party payments received.
- f** The Center has documented attempts at collection via documentation available at the Center.

Additionally, for each claim selected we determined the following:

- g** We verified that the SSC reported is the same as that listed in the Center’s NTRACS or burn registry.
- h** We verified that the claim reported was included in the NTDB.

	Encounter	Trauma	Admit Date	ISS	a	b	c	d	e	f	g	h	Comments
	Number	Number											
1	009038799912	20190767	5/4/2019	14	X	P	P	P	X	P	P	P	Insurance payment received on 1/22/2020.

Tickmark Explanations:

- P** Step performed without exception.
- X** Issue noted, see explanation to the right of claim.

Trauma Center: Memorial Health University Medical Center (Memorial)

Purpose: To test that uncompensated care claims are properly recognized according to the criteria identified below.

Procedures: For Centers with greater than 150 claims, we will test 40.

Memorial reported 915 cases; therefore, we selected a sample of 40 for testing.

We determined whether the claims selected met the criteria for consideration as an uncompensated care claim. The criteria are as follows:

- a** The EBR shows the patient had no medical insurance, including Medicare Part B coverage.
- b** The EBR shows the patient was not eligible for medical assistance coverage.
- c** The EBR shows that the patient had no medical coverage for trauma care through workers’ compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.
- d** The EBR shows that the patient has not paid more than 10% of total charges after documented attempts by the trauma care services provider to collect payments.
- e** The EBR shows that there were no third party payments received.
- f** The Center has documented attempts at collection via documentation available at the Center.

Additionally, for each claim selected we determined the following:

- g** We verified that the SSC reported is the same as that listed in the Center’s NTRACS or burn registry.
- h** We verified that the claim reported was included in the NTDB.

	Patient	Trauma	Admit Date	ISS	a	b	c	d	e	f	g	h	Comments
1	80403211	20192242	7/21/2019		1	P	P	P	P	P	P	X	Not included in NTDB
2	900806996	20193631	11/18/2019		4	P	P	X	P	P	X	P	No collection efforts, pending VOC.
3	80470099	20193292	10/18/2019		5	P	P	P	P	P	X	P	No collection efforts.

Tickmark Explanations:

- P** Step performed without exception.
- X** Issue noted, see explanation to the right of claim.

Trauma Center: Northside Gwinnett Medical Center (Gwinnett)

Purpose: To test that uncompensated care claims are properly recognized according to the criteria identified below.

Procedures: For Centers with greater than 150 claims we will test 40.

Gwinnett reported 295 claims; therefore, we selected a sample of 40 for testing.

We determined whether the claims selected met the criteria for consideration as an uncompensated care claim. The criteria are as follows:

- a** The EBR shows the patient had no medical insurance, including Medicare Part B coverage.
- b** The EBR shows the patient was not eligible for medical assistance coverage.
- c** The EBR shows that the patient had no medical coverage for trauma care through workers’ compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.
- d** The EBR shows that the patient has not paid more than 10% of total charges after documented attempts by the trauma care services provider to collect payments.
- e** The EBR shows that there were no third party payments received.
- f** The Center has documented attempts at collection via documentation available at the Center.

Additionally, for each claim selected we determined the following:

- g** We verified that the SSC reported is the same as that listed in the Center’s NTRACS or burn registry.
- h** We verified that the claim reported was included in the NTDB.

	Medical Record No	Trauma Number	Admit Date	ISS	a	b	c	d	e	f	g	h	Comments
1	L53013170	20191875	12/6/2019	5	X	P	P	P	P	P	P	P	The patient had BCBS health insurance
2	G20157908	20191287	8/24/2019	22	X	P	P	P	P	X	P	P	No charges listed on the account, no collection efforts and insurance noted.

Tickmark Explanations:

- P** Step performed without exception.
- X** Issue noted, see explanation to the right of claim.

Trauma Center: Piedmont Columbus Regional (Columbus)

Purpose: To test that uncompensated care claims are properly recognized according to the criteria identified below.

Procedures: For Centers with more than 150 claims, we will test 40.

Midtown reported 596 claims; therefore, we selected a sample of 40.

For each claim selected, we viewed the electronic billing record (EBR) or documents comparable to the EBR.

We determined whether the claims selected met the criteria for consideration as an uncompensated care claim. The criteria are as follows:

- a** The EBR shows the patient had no medical insurance, including Medicare Part B coverage.
- b** The EBR shows the patient was not eligible for medical assistance coverage.
- c** The EBR shows that the patient had no medical coverage for trauma care through workers’ compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.
- d** The EBR shows that the patient has not paid more than 10% of total charges after documented attempts by the trauma care services provider to collect payments.
- e** The EBR shows that there were no third party payments received.
- f** The Center has documented attempts at collection via documentation available at the Center.

Additionally, for each claim selected we determined the following:

- g** We verified that the SSC reported is the same as that listed in the Center’s NTRACS or burn registry.
- h** We verified that the claim reported was included in the NTDB.

	Medical Record No	Trauma Number	Admit Date	ISS	a	b	c	d	e	f	g	h	Comments
1	907240909	20136695	9/4/2019 16:14	6	X	P	P	P	P	P	P	P	Patient has health insurance and auto insurance. Currently in litigation with an attorney.
2	906481934	20136706	9/7/2019 4:41	8	P	P	P	P	P	X	P	P	No collection efforts.

Tickmark Explanations:

- P** Step performed without exception.
- X** Issue noted, see explanation to the right of claim.

Trauma Center: Children's Healthcare of Atlanta at Scottish Rite (Scottish Rite)

Purpose: To test that uncompensated care claims are properly recognized according to the criteria identified below.

Procedures: For trauma Centers with between 50 and 150 claims we will test 20 claims.

Scottish Rite reported 89 claims; therefore, we selected a sample of 20 for testing.

We determined whether the claims selected met the criteria for consideration as an uncompensated care claim. The criteria are as follows:

- a** The EBR shows the patient had no medical insurance, including Medicare Part B coverage.
- b** The EBR shows the patient was not eligible for medical assistance coverage.
- c** The EBR shows that the patient had no medical coverage for trauma care through workers' compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.
- d** The EBR shows that the patient has not paid more than 10% of total charges after documented attempts by the trauma care services provider to collect payments.
- e** The EBR shows that there were no third party payments received.
- f** The Center has documented attempts at collection via documentation available at the Center.

Additionally, for each claim selected we determined the following:

- g** We verified that the SSC reported is the same as that listed in the Center's NTRACS or burn registry.
- h** We verified that the claim reported was included in the NTDB.

Medical		Trauma													
Record No		Number	Admit Date	ISS	a	b	c	d	e	f	g	h		Comments	
1	3844970	20190846	7/4/2019	50	P	P	P	P	P	X	P	P		No collection efforts, account written off to deceased account.	

Tickmark Explanations:

- P** Step performed without exception.
- X** Issue noted, see explanation to the right of claim.

Burn Center: Joseph M. Still Burn Center (JMS)

Purpose: To test that uncompensated care claims are properly recognized according to the criteria identified below.

Procedures: For trauma Centers with between 25 and 50 claims we will test 10 claims.

JMS reported 40 claims; therefore, we selected a sample of 10 for testing.

We determined whether the claims selected met the criteria for consideration as an uncompensated care claim. The criteria are as follows:

- a** The EBR shows the patient had no medical insurance, including Medicare Part B coverage.
- b** The EBR shows the patient was not eligible for medical assistance coverage.
- c** The EBR shows that the patient had no medical coverage for trauma care through workers’ compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.
- d** The EBR shows that the patient has not paid more than 10% of total charges after documented attempts by the trauma care services provider to collect payments.
- e** The EBR shows that there were no third party payments received.
- f** The Center has documented attempts at collection via documentation available at the Center.

Additionally, for each claim selected we determined the following:

- g** We verified that the SSC reported is the same as that listed in the Center’s NTRACS or burn registry.

Medical		Trauma		Admit Date	ISS								Comments
Record No		Number				a	b	c	d	e	f	g	
1	G000586793		20190229	2/14/2019	Moderate - Inha	P	P	P	P	P	P	X	Should be Major, Electrical Burn.

Tickmark Explanations:

- P** Step performed without exception.
- X** Issue noted, see explanation to the right of claim.

		Severity Score Category				
		Basic	Moderate	Major	Severe	Total
<u>Locations Tested Without Resubmission</u>						
Grady	Per Original Survey	681	501	182	196	1,560
	Per AUP	681	501	182	196	1,560
	Difference 1	-	-	-	-	-
	Total claims per AUP	681	501	182	196	1,560
Navicent	Per Original Survey	107	43	17	10	177
	Per AUP	106	42	17	10	175
	Difference 1	(1)	(1)	-	-	(2)
	Total claims per AUP	106	42	17	10	175
Augusta	Per Original Survey	225	112	46	17	400
	Per AUP	225	111	46	17	399
	Difference 1	-	(1)	-	-	(1)
	Total claims per AUP	225	111	46	17	399
JMS	Per Original Survey	-	40	-	-	40
	Per AUP	-	39	1	-	40
	Difference 1	-	(1)	1	-	-
	Total claims per AUP	-	39	1	-	40

		Severity Score Category				
		Basic	Moderate	Major	Severe	Total
Columbus	Per Original Survey	374	135	56	31	596
	Per AUP	372	135	56	31	594
	Difference 1	(2)	-	-	-	(2)
	Total claims per AUP	372	135	56	31	594
North Fulton	Per Original Survey	35	36	12	11	94
	Per AUP	35	36	12	11	94
	Difference 1	-	-	-	-	-
	Total claims per AUP	35	36	12	11	94
Egleston	Per Original Survey	65	11	1	1	78
	Per AUP	65	11	1	1	78
	Difference 1	-	-	-	-	-
	Total claims per AUP	65	11	1	1	78
Scottish Rite	Per Original Survey	76	11	1	1	89
	Per AUP	76	11	1	-	88
	Difference 1	-	-	-	(1)	(1)
	Total claims per AUP	76	11	1	-	88

Difference 1: ineligible claims determined by WA

		Severity Score Category				
		Basic	Moderate	Major	Severe	Total
Locations Tested Without Resubmission						
Kennestone	Per Original Survey	107	80	25	23	235
	Per AUP	107	80	25	23	235
	Difference 1	-	-	-	-	-
	Total claims per AUP	107	80	25	23	235
Northeast	Per Original Survey	115	99	37	27	278
	Per AUP	115	99	37	27	278
	Difference 1	-	-	-	-	-
	Total claims per AUP	115	99	37	27	278
Gwinnett	Per Original Survey	130	102	33	30	295
	Per AUP	129	102	32	30	293
	Difference 1	(1)	-	(1)	-	(2)
	Total claims per AUP	129	102	32	30	293
Athens	Per Original Survey	59	48	19	17	143
	Per AUP	59	48	19	17	143
	Difference 1	-	-	-	-	-
	Total claims per AUP	59	48	19	17	143

		Severity Score Category				
		Basic	Moderate	Major	Severe	Total
Memorial	Per Original Survey	489	280	99	47	915
	Per AUP	486	280	99	47	912
	Difference 1	(3)	-	-	-	(3)
	Total claims per AUP	486	280	99	47	912
GBC	Per Original Survey	-	16	4	5	25
	Per AUP	-	16	4	5	25
	Difference 1	-	-	-	-	-
	Total claims per AUP	-	16	4	5	25
Floyd	Per Original Survey	74	49	13	11	147
	Per AUP	74	49	13	11	147
	Difference 1	-	-	-	-	-
	Total claims per AUP	74	49	13	11	147
Total	Per Original Survey	2,537	1,563	545	427	5,072
	Per AUP	2,530	1,560	545	426	5,061
	Difference 1	(7)	(3)	-	(1)	(11)
	Total claims per AUP	2,530	1,560	545	426	5,061

Difference 1: ineligible claims determined by WA

		Severity Score Category				
		Basic	Moderate	Major	Severe	Total
<u>Locations Tested With Claims Resubmitted</u>						
AMC	Per Original Survey	183	138	30	24	375
	Per AUP	183	136	29	24	372
	Difference 1	-	(2)	(1)	-	(3)
	Per Revised List	177	128	24	24	353
	Difference 2	(6)	(10)	(6)	-	(22)
		Severity Score Category				
		Basic	Moderate	Major	Severe	Total
Total	Per Original Survey	183	138	30	24	375
	Per AUP	183	136	29	24	372
	Difference 1	-	(2)	(1)	-	(3)
	Per Revised List	177	128	24	24	353
	Difference 2	(6)	(10)	(6)	-	(22)

Difference 1: ineligible claims determined by WA

*Difference 2: ineligible claims determined by WA plus
ineligible claims determined by center during resubmission process*

		Severity Score Category				
		Basic	Moderate	Major	Severe	Total
<u>Summary</u>						
Total Claims Per Original Survey		2,720	1,701	575	451	5,447
Totals Per AUP		2,713	1,696	574	450	5,433
Difference 1		(7)	(5)	(1)	(1)	(14)
Per Revised List		177	128	24	24	353
Per AUP Without Resubmission		2,530	1,560	545	426	5,061
Total After Revised List and AUP		2,707	1,688	569	450	5,414
Difference 2		(13)	(13)	(6)	(1)	(33)
Total Claims		2,707	1,688	569	450	5,414

CONCLUSION:

We appreciate the opportunity to be of service to you. This report summarizes the results of our engagement. If you have any questions, please let us know.

Very truly yours,

Warren Averett, LLC

WARREN AVERETT, LLC

GEORGIA TRAUMA CARE NETWORK COMMISSION

BYLAWS

ARTICLE I. NAME OF ORGANIZATION

The organization referred to in this document is the Georgia Trauma Care Network Commission, hereinafter referred to as “the Commission.”

ARTICLE II. AUTHORITY

The Georgia General Assembly statutorily created the Georgia Trauma Care Network Commission during the 2007 – 2008 legislative session, and its authority and duties are codified at O.C.G.A. § 31-11-100 et seq.

ARTICLE III. DUTIES OF THE TRAUMA CARE NETWORK COMMISSION

The Georgia Trauma Care Network Commission shall have the duties and responsibilities set forth in O.C.G.A. § 31-11-100 et seq.

ARTICLE IV. MEMBERSHIP

Membership on the Georgia Trauma Care Network Commission will be determined as prescribed in O.C.G.A. § 31-11-100 et seq. establishing and empowering the Commission.

Responsibilities of Membership:

1. The Commission shall meet upon the call of the Chairperson or upon the request of three members.
2. Members will prepare by having reviewed the draft agenda, previous meeting minutes, and materials for discussion at the meeting. Members are encouraged to be involved in Commission subcommittee activities.
3. Vacancies: Any vacancy on the Commission shall be filled for the unexpired term by appointment by the original appointing authority.
4. Removal: The Commission may recommend removing a member, to the original appointing authority, for good cause by a two-thirds majority vote of the entire Commission. Good cause includes:
 - i. Inappropriate conduct unbecoming of a member,
 - ii. Neglect of responsibilities assumed by a member or assigned by the

- Chairperson; and,
- iii. Failure to attend three consecutive meetings in a given year, or failure to consistently attend and participate in meetings of the Commission.

ARTICLE V. OFFICERS

Officers: There are three officer positions on the Commission. These are the Chairperson, appointed by the Governor, Vice-Chairperson and Secretary/Treasurer. The Vice-Chairperson and Secretary/Treasurer are elected by the Commission. In the temporary absence of the Chairperson, the Vice-Chairperson shall assume the duties of the Chairperson and conduct the Commission meeting.

The Chairperson shall be the chief executive officer of the Commission; and shall conduct its correspondence. Press releases and public announcements concerning the Commission's work shall be issued only by or with the approval of the Chairperson.

Officers' duties and roles include:

- a. Chairperson:
 - i. Determine that a quorum is present.
 - ii. Open the meeting at the specified time by calling the members to order.
 - iii. Announce the business of the Commission and the order in which it will be considered.
 - iv. Acknowledge members who are entitled to speak.
 - v. State all motions and for voting.
 - vi. Announce the results of all votes.
 - vii. Make sure that the discussion proceeds in an orderly fashion.
 - viii. Enforce decorum.
 - ix. Make the business of the meeting run as smoothly as possible.
 - x. Decide all questions of order.
 - xi. Inform the participants about a point of order or specific parliamentary practice when requested.
 - xii. Authenticate the proceedings with his or her signature.
 - xiii. Declare the meeting adjourned when all business has been concluded.
 - xiv. Establish subcommittees and appoint members as needed
- b. Vice-Chairperson: The Vice-Chairperson shall serve as Chairperson in the temporary absence of the Chairperson. The Vice-Chairperson will assist the Chairperson with his or her duties, responsibilities and assist in orienting new members of the Commission.
- c. Secretary/Treasurer: The Secretary/ Treasurer shall be responsible for recording votes, ensuring written minutes are developed for each Commission meeting, and serve as the point of contact for budget reporting. The Secretary/ Treasurer shall have custody of the book of minutes and shall attest such documents as the Commission or Chairperson may direct or as the law may require. The

Secretary/Treasurer will ensure fund expenditure reports are obtained for the Commission from all appropriate State agencies. The Secretary/Treasurer shall ensure proper notice of all meetings and fund expenditure reports are provided to the Commission and shall perform such duties incident the office of Secretary/Treasurer and as the Commission may direct.

- d. Elections to Vice-Chairperson and Secretary/Treasurer: Elections are made based on nominations from the members of the Commission at the designated annual meeting. Voting may be by secret ballot. A majority vote by the members present at the annual meeting, where there is also a quorum determined, is required to elect a member to an officer position.
- e. Term of Office: The Vice-Chairperson and Secretary/Treasurer positions are effective following the election of the officers. The Vice-Chairperson and Secretary/Treasurer shall serve for a term of two (2) years beginning at the annual meeting of the Commission. The Vice-Chairperson and Secretary/Treasurer can hold a limit of 2 consecutive terms.
- f. The Vice-Chairperson or Secretary/Treasurer may be removed from office by a two-thirds majority vote of the entire Commission for failure to comply with duties as defined.

ARTICLE VI. MEETINGS

The Commission shall meet upon the call of the Chairperson or upon the request of three members. The Commission shall hold at least quarterly regular meetings of the entire Commission. Each November meeting shall be designated as the annual meeting of the Commission. The time and place of the meetings will be at the discretion of the Commission. The Commission will provide notices of meetings per the Open Meetings Act of the State of Georgia.

With the approval of the Chairperson, any Commission member who cannot attend a meeting of the Commission may participate in such meeting by speaker telephone communication when technology is available. The member shall give the Chairperson advance notice that the member desires to participate in a meeting by speaker telephone. The speaker telephone shall be positioned so that all persons in the room where the meeting is held and the Commission member or members communicating by speaker telephone can hear and speak to each other. The Commission member or members participating in a meeting of the Commission by speaker telephone communication shall be counted present at the meeting for quorum determination and voting purposes.

Commission members must attend qualifying meetings in person to be eligible for expense allowance as determined by Georgia law. Qualifying meetings are regular meetings of the entire Commission and Commission subcommittee meetings.

Unless otherwise stipulated in these Bylaws, the business of the Commission will be determined by a simple majority vote during a meeting where a quorum is determined.

ARTICLE VII. SUBCOMMITTEES

The Chairperson may appoint subcommittees to provide guidance and recommendations to aid the Commission in making informed decisions. ~~Such a subcommittee shall cease to exist after it has rendered a final report to the Commission. Standing subcommittees may be established for clear and limited purposes by a two-thirds majority vote of the entire Commission. Standing subcommittees may be dissolved by a two-thirds majority vote of the entire Commission.~~ All subcommittees shall have a Chairperson and a Vice-Chairperson appointed by the Commission Chairperson. The Commission Secretary/Treasurer will chair the Budget subcommittee. All other subcommittees may be chaired by a Commission member or a Subcommittee member. The Subcommittee Chairpersons shall serve for a term of three (3) years. The Subcommittee Chairperson may be reappointed to serve a second term, not to exceed a maximum of six (6) years.

ARTICLE VIII. QUORUM

1. A quorum shall consist of a simple majority of appointed Commission members present at a properly called Commission meeting.
2. Formal business shall take place if a quorum is present in accordance with the Georgia Open Meetings Act and generally accepted rules of parliamentary procedures.

ARTICLE IX. AMENDMENT OF BYLAWS

Proposed amendments of the bylaws shall be sent to the entire Commission membership at least fourteen (14) days prior to the meeting. A two-thirds majority vote of the Commission is required to amend these bylaws.

The bylaws will be reviewed every three (3) years by members appointed by the Chairperson.

ARTICLE X. LEGAL COUNSEL

The Attorney General of the State of Georgia shall be legal counsel for the Commission. The Attorney General, or such persons as may be designated, shall represent the Commission in all legal matters.

ARTICLE XI. REIMBURSEMENT

Members of the Commission shall serve without compensation but shall receive the same expense

allowance per day as that received by a member of the General Assembly for each day such member of the Commission is in attendance at a meeting of such Commission, plus either reimbursement for actual transportation costs while traveling by public carrier or the same mileage allowance for the use of a personal car in connection with such attendance as members of the General Assembly receive. Such expense and travel allowance shall be paid in lieu of any per diem, allowance, or other remuneration now received by any such member for such attendance.

ARTICLE XII. ORIENTATION OF NEW MEMBERS

1. It is the responsibility of the Commission to provide orientation to new members. With the assistance of the Secretary/Treasurer, the Vice-Chairperson will provide information and orient new members on their roles and responsibilities.
2. The Commission Secretary/Treasurer shall make Commission Bylaws, budgets, and expenditure reports, history of the Commission, other pertinent documents, and information available to a new Commission member to review and provide technical assistance as needed.

Amended, approved, and adopted by the Georgia Trauma Care Network Commission on DD MONTH YYYY.



Dennis W. Ashley, M.D., Chairman



Subcommittee and Workgroup Report to the Georgia Trauma Network Care Commission

Name of Subcommittee or Workgroup:		Budget Subcommittee	
Project/Activity ¹	Status	Support GTC Strategic Priorities? (Y/N)	Comments
1. AFY 22 Spend plan & FY 23 proposed budget	P	Y	AFY 22 proposed spend plan and FY 23 proposed budget from subcommittee will need review and approval of full commission prior to submission to OPB on September 1, 2021
2. Establish contract/grant deliverables workgroup	P	Y	All contracts were sent out meeting the established benchmark. Workgroup continues to review and develop recommendations. They will provide a written summary of recommendation prior to the next FY
3. Develop commission guidelines for expense/reimbursements based on SAO guidelines per OIG recommendation	P	Y	No progress on this item due to personnel changes both within the commission and the consultant team. Now that year end close out is complete and all contracts have been sent out a refocus on this process can begin

Questions, Issues, and Recommendations Requiring Commission Discussion:	None at this time
Motions for Consideration at the Commission Meeting:	Approve proposed AFY 22 spend plan and FY23 budget proposal
Committee Members:	Dennis Ashley, Courtney Terwilliger, James Dunn, Katie Hamilton & Elizabeth Atkins
Chair/Commission Liaison:	Regina Medeiros
Date of Next Committee Meeting:	9/8/2021

¹ Wherever possible the topic/task should be related to GTCNC Strategic Plan or activities of the GTCNC as defined by O.C.G.A. § 31-11-100, § 31-11-101, § 31-11-102 and § 31-11-103.

SIDE BY SIDE COMPARISON FY 2022 APPROVED AND FY 2023 PROPOSED

Georgia Trauma Care Network Commission FY 2022 Approved Budget		
Budget Areas		\$ 14,406,895.00
Commission Operations	Staff salaries & benefits, office rental, business IT & telecommunications, virtual meeting platforms & equipment, travel	\$ 1,075,370
System Development, Access & Accountability	Regional trauma system development & outcome metrics	\$ 481,896
MAG Medical Reserve Corps	Medical reserve corps administrative, recruitment and educational support	\$ 170,000
GQIP	National benchmarking to elevate the quality of trauma care in Georgia. Includes over 850 participating centers nationally.	\$ 100,000
Injury Prevention	O.C.G.A. § 31.11.102	\$ -
Georgia Trauma Foundation	O.C.G.A. § 31.11.102	\$ 142,000
DPH Office of EMS & Trauma (Maximum 3%)	O.C.G.A. § 31.11.102	\$ 432,183
Subtotal of Budget Areas		\$ 2,401,449
Available for Stakeholders Distribution		\$ 12,005,446
EMS Stakeholders	Supports emergency medical services trauma readiness costs as per O.C.G.A. § 31.11.102	\$ 2,401,089
Trauma Center UCC Audits	Annual third party validation of uncompensated care claims	\$ 50,000
Trauma Centers & Physicians Stakeholders	Supports trauma center readiness and uncompensated care as per O.C.G.A. § 31.11.102	\$ 9,554,357
Subtotal of Stakeholder Distribution		\$ 12,005,446
Totals		\$ 14,406,895

Georgia Trauma Care Network Commission FY 2023 Proposed Budget		
Budget Areas		\$ 14,406,895.00
Commission Operations	Staff salaries & benefits, office rental, business IT & telecommunications, virtual meeting platforms & equipment, travel	\$ 1,057,370
System Development, Access & Accountability	Regional trauma system development & outcome metrics	\$ 497,196
MAG Medical Reserve Corps	Medical reserve corps administrative, recruitment and educational support	\$ 170,000
GQIP	National benchmarking to elevate the quality of trauma care in Georgia. Includes over 850 participating centers nationally.	\$ 100,000
Injury Prevention	O.C.G.A. § 31.11.102	\$ -
Georgia Trauma Foundation	O.C.G.A. § 31.11.102	\$ 142,000
DPH Office of EMS & Trauma (Maximum 3%)	O.C.G.A. § 31.11.102	\$ 432,183
Subtotal of Budget Areas		\$ 2,398,749
Available for Stakeholders Distribution		\$ 12,008,146
EMS Stakeholders	Supports emergency medical services trauma readiness costs as per O.C.G.A. § 31.11.102	\$ 2,401,629
Trauma Center UCC Audits	Annual third party validation of uncompensated care claims	\$ 50,000
Trauma Centers & Physicians Stakeholders	Supports trauma center readiness and uncompensated care as per O.C.G.A. § 31.11.102	\$ 9,556,517
Subtotal of Stakeholder Distribution		\$ 12,008,146
Totals		\$ 14,406,895

SIDE BY SIDE AFY 2021 APPROVED AND AFY 2022 PROPOSED

Georgia Trauma Care Network Commission AFY2021 Approved Budget			
Initiative	Description of System Enhancements	O.C.G.A Reference	Cost
Trauma System Quality & Accountability	Georgia trauma risk-adjusted outcomes statewide benchmarking platform. Three year project: year one implementation, years two and three initial reports and identification of areas of opportunity	O.C.G.A. § 31.11.102.14,15; § 31.11.103(b)	\$ 1,354,850
Trauma Centers	Increase readiness funding for the 28 funded trauma & burn centers to offset base budget reductions	O.C.G.A. § 31.11.102.3	\$ 5,599,315
System Expansion	Provide trauma readiness & registry funding support for 5 additional trauma centers: three level IIIs, one level II and one pediatric level II	O.C.G.A. § 31.11.102.3	\$ 669,842
Trauma System Quality & Accountability	Provide funding for Trauma Quality Improvement Program participation for all nine state designated level III trauma centers	O.C.G.A. § 31.11.102.14,15; § 31.11.103(b)	\$ 70,911
EMS	911 response ambulance equipment grants, pre-hospital provider and leader training and distribution of ambulance sanitizing equipment & supplies	O.C.G.A. § 31.11.102.7	\$ 1,370,864
OEMST	True up to FY 2020 baseline	O.C.G.A. § 31.11.102.9	\$ 85,169
Proposed AFY2021 Budget			\$ 9,150,951
AFY2021 HB 80 - Governor's Recommendation			
Increase Funds to Reflect 2020 Super Speeder Collections & Fees			\$ 8,607,207
Increase Funds to Reflect Fireworks Excise Tax Revenue			\$ 543,744
Total			\$ 9,150,951

Georgia Trauma Care Network Commission AFY2022 Proposed Budget				
Initiative	Description of System Enhancements	O.C.G.A Reference	Cost	Notes
Trauma System Quality & Accountability	ACS System Consult with Rural South Georgia focus	O.C.G.A. § 31.11.102.8, 9, 10, 11, 12, 13, 14, 15	\$ 65,000	6/29 Updated to current published fee from ACS website
Trauma Centers	Increase readiness funding for the 28 funded trauma & burn centers to offset base budget reductions	O.C.G.A. § 31.11.102.3	\$ 6,643,195	
System Expansion	Provide trauma readiness & registry funding support for 5 additional trauma centers: three level IIIs, one level II and one pediatric level II	O.C.G.A. § 31.11.102.3	\$ 669,842	
Trauma System Quality & Accountability	Provide funding for Trauma Quality Improvement Program participation for all nine state designated level III trauma centers	O.C.G.A. § 31.11.102.14,15; § 31.11.103(b)	\$ 70,911	
EMS	911 response ambulance equipment grants, pre-hospital provider and leader training and distribution of ambulance sanitizing equipment & supplies	O.C.G.A. § 31.11.102.7	\$ 1,631,834	
OEMST	True up to FY 2021 baseline	O.C.G.A. § 31.11.102.9	\$ 85,169	
Trauma System Quality & Accountability	Level III and Level IV Consultative Visits with ACS or PTSF/TETAF	O.C.G.A. § 31.11.102.12, 14, 15	\$ 300,000	6/29 Updated to include current cost estimate for both IIIs and IVs
Trauma System Expansion	Start-up grant, level II Trauma Center, Phoebe Putney (\$300,000); Level III South Georgia Medical Center (\$200,000)	O.C.G.A. § 31.11.102.6	\$ 500,000	
Trauma System Quality & Accountability	Trauma Registry Web-hosting for all Levels III and IV trauma centers	O.C.G.A. § 31.11.102.14	\$ 80,000	
Proposed AFY2022 Budget			\$ 9,165,951	\$ (15,000)
(Using AFY 2021 Assumptions) AFY2022 HB 80 - Governor's Recommendation				
Increase Funds to Reflect 2020 Super Speeder Collections & Fees			\$ 8,607,207	
Increase Funds to Reflect Fireworks Excise Tax Revenue			\$ 543,744	
Total			\$ 9,150,951	



Subcommittee and Workgroup Report to the Georgia Trauma Network Care Commission

Name of Subcommittee or Workgroup:	EMS Subcommittee		
Project/Activity ¹	Status	Support GTC Strategic Priorities? (Y/N)	Comments
1. Budget	On-going	Yes	We have approved the FY-2022 spend plan. We have also approved the FY-2022 Educational plan. I am very pleased that this was done early in the FY so we can start these course quickly.
2. Automatic Vehicle Location System	On-going	Yes	We have utilized additional funds (funds that had not been expended and would have otherwise gone back to the State) to purchase additional AVLS units to replace many of the units purchased initially. These units are old, and many are failing. We now have systems in 155 of Georgia's 159 Counties.
3. Learning Management System	In Development	Yes	A small workgroup met to review and approve a draft of the RFP for this project. We sent the information (RFI, responses to the RFI, and the draft RFP) to the State Procurement Office. We had a meeting with them on August 8, 2021, to review this document. They have suggested changes to the RFP that we will implement. After these changes, we will resubmit to the procurement office for final approval of the RFP.
4. EMS Training	On-going	Yes	GEMSA has provided us with a spreadsheet of classes done and the number of hours taught. The spreadsheet is available for review. The total number of CEU hours provided in this FY was 104,690 hours. We are currently offering 12 different education courses. We have approved the budget to continue the relationship with GEMSA for this training in the future.

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5. Online EMS training	Under Consideration	Yes	The Procurement office suggested we take this out of the RFP. This type of training does not require an RFP process. We will do that and continue to investigate this possibility.
6. Arbinger Training	New Course	Yes	We are working to provide this education in November at a site to be determined.
7. Fiscal Accountability	On-going	Yes	We were able to complete our projects during the FY. This is a remarkable feat, given the handicap that COVID has placed on our training projects. I want to thank the GEMSA staff, the sub-committee members, the budget committee, Liz, and Katie for the excellent work.

Questions, Issues, and Recommendations Requiring Commission Discussion:	None
Motions for Consideration at the Commission Meeting:	None
Committee Members:	Courtney Terwilliger, Vic Drawdy, Regina Medeiros, Marty Robinson, Chad Black, Pete Quinones, Sam Polk, Lee Oliver, Blake Thompson, Duane Montgomery, David Edwards, Huey Atkins
Chair/Commission Liaison:	Courtney Terwilliger
Date of Next Committee Meeting:	October 28, 2021 10AM-12PM Morgan County Public Safety Complex

Exhibit 3

GEMSA Proposed 2022FY Budget

Program	Units	Per Course	Units	Estimated Program Expenses	Total Admin Fees	Proposed Spending	Funding Designated by EMS Sub-Committee
Leadership	1	\$135,000.00	1	\$135,000.00	\$15,000.00	\$150,000.00	\$150,000.00
Trauma Skills Lab	10	\$41,000.00	10	\$410,000.00	\$45,555.50	\$455,555.50	\$455,555.00
PHTLS	21	\$5,850.00	21	\$122,850.00	\$13,650.00	\$136,500.00	\$136,500.00
Farm Medic	10	\$6,503.50	10	\$65,035.00	\$7,226.10	\$72,261.10	\$72,261.00
Auto Extrication	5	\$19,000.00	5	\$95,000.00	\$10,555.50	\$105,555.50	\$105,555.00
Axioms of Leadership	5	\$19,000.00	5	\$95,000.00	\$10,555.50	\$105,555.50	\$105,555.00
Patient Handling Low Angle	2	\$8,000.00	2	\$16,000.00	\$1,777.70	\$17,777.70	\$17,777.00
TECC	12	\$8,000.00	12	\$96,000.00	\$10,666.70	\$106,666.70	\$106,667.00
EVOC	4	\$5,225.00	4	\$20,900.00	\$2,322.50	\$23,222.50	\$23,225.00
EMS Instructor	2	\$13,500.00	2	\$27,000.00	\$3,000.00	\$30,000.00	\$30,000.00
Support Arbing	2	\$10,008.00	2	\$20,016.00	\$2,222.70	\$22,238.70	\$22,237.00
EMR/EMT	25	\$8,340.00	25	\$208,500.00	\$23,166.80	\$231,666.80	\$231,668.00
				\$1,311,301.00	\$145,699.00	\$1,457,000.00	\$1,457,000.00



Subcommittee and Workgroup Report to the Georgia Trauma Network Care Commission

Name of Subcommittee or Workgroup:	Georgia Committee for Trauma Excellence		
Project/Activity ¹	Status	Support GTC Strategic Priorities? (Y/N)	Comments
1. GCTE Goal Setting	In progress	Y	The GCTE leadership group is working to align committee goals with the initiatives of the entire Georgia Trauma System. One goal will surround the system wide work of time to definitive care. A formal goal and metrics are being determined.
2. Trauma Registry Changes	In progress	Y	GTCE members andn leaders have had the opportunity to request changes to the current data requirements within the V5 software. A finalized list of proposed changes will be voted on during the August 20 th GCTE meeting. These changes are to improve data and workflows in the registry.
3. Injury Prevention	In progress	Y	<p>The GCTE Injury Prevention Subcommittee led activities related to Georgia Stay SAFE week, which occurred June 20-26. The subcommittee developed a logo, messaging and social media guide which was shared across the state.</p> <p>The GCTE Injury Prevention Subcommittee continues to work on fall prevention through various platforms.</p> <p>The GCTE Injury Prevention Committee is actively working on a Traffic Injury Prevention campaign and social media guide to be released in September, during Child Passenger Safety week.</p>

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4. Stop the Bleed	In progress	Y	The GCTE Injury Prevention Committee is finishing up the inaugural “Back to School- Stop the Bleed Virtual Training Blitz”. Currently there are over 1200 individuals representing over 90 Georgia counties who are registered. This program can be used throughout the year to continue training and providing refresher education to educators and others.
5. Trauma Education	In progress	Y	The Education subcommittee of the GCTE supports ongoing trauma specific education across the state. The most recent courses and course attendance are as follows: <ul style="list-style-type: none"> • Funded 52 people for TCRN review course, held virtually on 8/5 and 8/6 • Joint funding TNCC course at Martin Army Community Hospital on 8/11 and 8/12
6. Pediatric Radiology Project	In Progress	Y	The Pediatric Subcommittee of the GCTE continues to educate Georgia trauma centers on the use of the Pediatric Imaging Guidelines. Work is being done to begin publication on this project.
7. Pediatric Shock Index Pediatric Adjusted (SIPA)	In Progress	Y	The Pediatric Subcommittee is collaborating with GQIP on the SIPA project. The pediatric shock index is a useful tool that can be used to determine the stability of a patient for transfer and how quickly to go to blood. The project is in the planning phase and updates will be provided.

Questions, Issues, and Recommendations Requiring Commission Discussion:	None
Motions for Consideration at the Commission Meeting:	None
Committee Members:	GCTE Board: Chair, Jesse Gibson, Vice-Chair, Tracy Johns, Past Chair, Karen Hill and GTC member, Dr. Regina Medeiros GCTE Subcommittee Chairs: Registry, Tracy Johns, PI, John Pope, Pediatrics, Kellie Rowker, Education, Erin Moorcones, Injury Prevention, Kristal Smith
Chair/Commission Liaison:	Jesse Gibson/ Dr. Regina Madeiros
Date of Next Committee Meeting:	August 20 th , 2021



Subcommittee and Workgroup Report to the Georgia Trauma Network Care Commission

Name of Subcommittee or Workgroup:		Level III/ IV Workgroup	
Project/Activity ¹	Status	Support GTC Strategic Priorities? (Y/N)	Comments
1. Transfer Issues (1) EMS availability (2) Accepting facility (3) Contact number for transfer centers (4) Helicopter vs. Ground	OPEN	Goal One – Quality – optimizing care across the continuum Goal Two – Obj 3 – identify areas of need	Resource tool complete and distributed to centers
2. Cost of care - defining readiness costs for LIII/LIV (including trauma center start up costs to drive grant process)	OPEN	Goal Three - Finance	Survey development with roll-out Fall 2021 and engagement of Warren Averett to summarize results
3. PI project specific to LIII/LIV: (1) Hip fx care (2) Geriatric care	OPEN	Goal One – Quality	Tabled
4. Access to specialty care e.g., re-implantation, ECMO	OPEN	Goal One - Quality	GA COT hosted “State Trauma Leadership Group” adding a rural representative to the group; CoChair’s contact info submitted to GA COT Chair – TABLED
5. ACS Consult Process – a. Level III b. Level IV – Alternative, external consult process	OPEN	Goal One – Quality Goal Two – Trauma Care Access & Data	ACS Consultative visits for level III centers in preparation for AC verification requirements – contract deliverable ACS does not currently have a level IV trauma center consult or verification process. PTSF and TETAF engaged for feasibility of consult

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			for Level IVs but will require funding support from the Commission – proposals in for consideration
6. IRB for Rural centers	OPEN	Goal One – Quality	Tabled
7. Web-based Registry & contracted abstraction services	OPEN	Goal One – Quality Goal Two – Trauma Care Access & Data	Liz and Gina have made contact with three registry abstraction support entities. Logistics are nuanced. Would likely have to be on a reimbursement basis as opposed to Commission direct contracting because of complexities with PHI.
8. Grants (capital equipment & rural education)	OPEN	Goal Two – Trauma Care Access & Data	Current rural education grant – Ongoing meetings to determine next steps for action

Questions, Issues, and Recommendations Requiring Commission Discussion:	Request consideration for AFY 2022 funding of: 1. Consult by PTSF or TETAF of Level IVs as outside external review similar to ACS consultative visit of Level I, II, and III centers
Motions for Consideration at the Commission Meeting:	None
Committee Members:	TPMs and TMDs of Level III and Level IV Trauma Centers.
Chair/Commission Liaison:	Dr. Greg Patterson and Dr. Alicia Register
Date of Next Committee Meeting:	Readiness Cost Survey Webinar Target September, Next Full Subcommittee meeting November



Subcommittee and Workgroup Report to the Georgia Trauma Network Care Commission

Name of Subcommittee or Workgroup:	Trauma Center Administrators Subcommittee		
Project/Activity ¹	Status	Support GTC Strategic Priorities? (Y/N)	Comments
1. Develop Charter and Purpose for the group	In Process	Y	Clearly define the goals, objectives and expected outcomes as they align to the needs of the GTC
2. Letter to Trauma Centers CEO's	Complete	Y	Past efforts have been through the TPM/D to provide appropriate leader. This approach will ensure high level oversight
3. Meeting cadence	Complete	Y	Ensure alignment with GTC meetings First co chair meeting in October
4. Executive Leader Orientation	TBD	Y	Providing a standard Trauma System Orientation to all executive leaders as needed so they can provide support to TPM/D Overview and first meeting on 8/13/2021

Questions, Issues, and Recommendations Requiring Commission Discussion:	GTC focus and priorities
Motions for Consideration at the Commission Meeting:	None at this time
Committee Members:	Senior Leaders- each trauma center
Chair/Commission Liaison:	Michelle Wallace
Date of Next Committee Meeting:	11/18/21 post GTC meeting

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Subcommittee and Workgroup Report to the Georgia Trauma Network Care Commission

Name of Subcommittee or Workgroup:	Trauma Data & System Metrics Workgroup		
Project/Activity ¹	Status	Support GTC Strategic Priorities? (Y/N)	Comments
1. ED LOS for high yield patients	Ongoing	Yes	Completed data drill down and several case reviews with follow up for identified outliers.
2. EMS Scene Time	In development	Yes	Identify appropriate EMS scene time threshold for trauma patients and develop review guidelines when the threshold is not met.
3. Interfacility Transfer Review	In development	Yes	PI template developed for transferring centers to utilize when reviewing transfers greater than 120 minutes with ISS > 16. Requested two centers to pilot. Awaiting feedback.
4. FY2022 Data Pull Parameters	In development	Yes	Updated data parameters to include identification of times from scene 1 through hospital two as well as identifying missing data percentages. Also identifying times from H1 to H2 for more complete data.

Questions, Issues, and Recommendations Requiring Commission Discussion:	None
Motions for Consideration at the Commission Meeting:	None
Committee Members:	Dr. Dunne, C. Terwilleger, M.Probst, D.Newton, R.Morgan,T. Johns, G. Solomon
Chair/Commission Liaison:	Dr. Dunne
Date of Next Committee Meeting:	TBD; Target mid-September, date pending

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*medical
reserve
corps*



Medical Association of Georgia



SUMMARY

2021



Training

Trinity School of Medicine

March 6, 2021



Training

Trinity School of Medicine

Stop the Bleed

Training

Trinity School of Medicine





Training

Trinity School of Medicine

Itty Bitty City

Where medical students begin to learn about the intricacies of responding to and managing a mass casualty event.

Training

Trinity School of Medicine





COVID-19 GEMA Mass Vaccination Sites



COVID-19 GEMA Mass Vaccination Sites

February 23 – May 21, 2021



COVID-19 GEMA Mass Vaccination Sites

Delta Museum - Atlanta



COVID-19 GEMA Mass Vaccination Sites

**Delta Museum - Atlanta
Lakepoint Complex - Cartersville**



COVID-19 GEMA Mass Vaccination Sites

MAGMRC fielded a team of 57 volunteer physicians to serve as Medical Evaluators, available on-site to answer questions about the vaccines and to provide physician oversight in the event of adverse side effects.



COVID-19 GEMA Mass Vaccination Sites

**Economic benefit to
the State of Georgia**

\$183,000



COVID-19 GEMA Mass Vaccination Sites





Training FTX – Big Blast Theory

**Central Georgia Technical College
June 11-12, 2021**



Training FTX – Big Blast Theory

Mock Mass Casualty Event

Goals were to provide:

- **a multi-agency FTX**
 - **as realistic an event as possible**
- **a skills test for our deployable members**
- **a recruiting opportunity for new members**



Training FTX – Big Blast Theory

**Mock Mass Casualty Event
Total Participants**

274



Training FTX – Big Blast Theory

Mock Mass Casualty Event

Economic Benefit to the State of Georgia

\$70,000

**Excluding the intangible benefit to all involved
to train with other state and local responder agencies**



Training

FTX – Big Blast Theory

Mock Mass Casualty Event

Participating Organizations & Agencies

MAGMRC

Trinity School of Medicine

CGTC School of Nursing

CGTC Police Dept

Houston County Fire Dept

Centerville Fire Dept

GBI

116th Air National Guard

Warner Robins Police Dept

Warner Robins Fire Dept

Georgia State Patrol

Houston Healthcare EMS

GMR Air Evac



Training FTX – Big Blast Theory

Mock Mass Casualty Event Scenario

A spring break celebration on the CGTC campus is marred by a car bomb explosion, resulting in mass casualties with many types of injuries for responders to triage.



Training FTX – Big Blast Theory

Friday

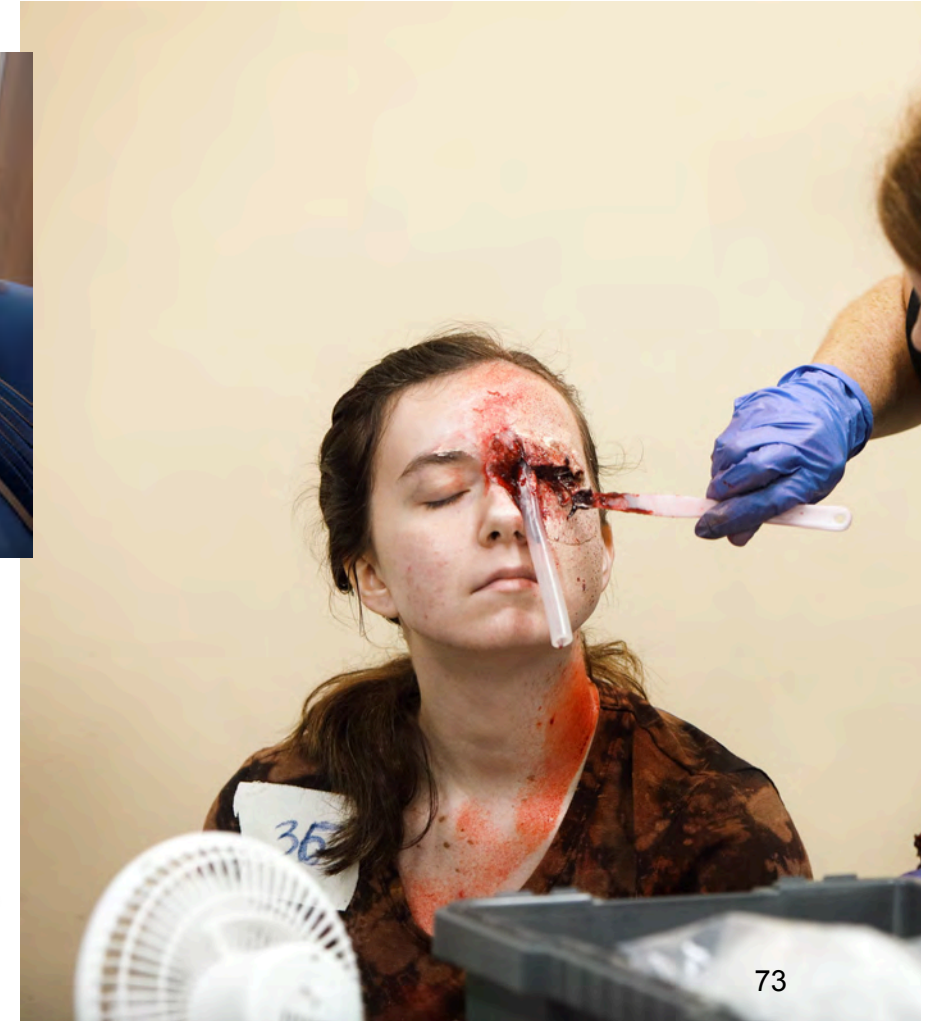
Classroom & Hands-on Instruction

- **How to raise a mobile surgical tent**
- **Litter stand and carry training**
- **Communication training**
- **Bomb primer**
- **Blast injuries and triage**
- **ZOLE AED training for guard personnel**

Training FTX – Big Blast Theory



**A big thanks
to our many
willing victims.**





Training FTX – Big Blast Theory

Saturday

Mock Blast Event – 2 Iterations

**Each iteration began with a
mood setting mock bomb blast.**

Training FTX – Big Blast Theory



Training

FTX – Big Blast Theory

**Aftermath of
the mock
car bomb
explosion.**



Training

FTX – Big Blast Theory

**Fire
Department
arrives ...**



Training

FTX – Big Blast Theory

**Fire
Department
arrives ...
and gets
to work.**





Training FTX – Big Blast Theory

**Emergency
Ops Center
is established
and coordination
begins.**



Training

FTX – Big Blast Theory

Victims are plentiful, and each has a role to play. He's searching for his sister, Judy. An additional challenge for responders.





Training FTX – Big Blast Theory

**MAGMRC
Cadets begin
to triage
victims.**





Training FTX – Big Blast Theory

**MAGMRC
Cadets begin
to triage
victims.**





Training FTX – Big Blast Theory

**MAGMRC
Cadets begin
to triage
victims.**





Training FTX – Big Blast Theory

**MAGMRC Cadet
enters data into a
victim tracking
app created by
MAGMRC
member
Utkarsh Parwal, MD.**





Training FTX – Big Blast Theory

**Preparing
to transport
a victim to
one of two
hospitals
on-site.**



Training

FTX – Big Blast Theory

**Preparing
to transport
a victim to
one of two
hospitals
on-site.**



Training FTX – Big Blast Theory

**TX had two hospitals
to receive victims.
One in the CGTC
Sim Center ...**





Training FTX – Big Blast Theory

... the other, the
**116th Air National
Guard's mobile
hospital located
in the CGTC
parking lot.**





Training FTX – Big Blast Theory

**... the other, the
116th Air National
Guard's mobile
hospital located
in the CGTC
parking lot.**





Training FTX – Big Blast Theory

**Helicopter
Landing Zone
Training.**



Training FTX – Big Blast Theory

**MAGMRC
Landing Zone
Team walks
the LZ inspecting
for potential
hazards.**





Training FTX – Big Blast Theory

**Gearing up
for inbound
aircraft.**





Training FTX – Big Blast Theory

**MAGMRC
LZ Team guides
in National
Guard
Blackhawk.**





**MG Cardin,
Adjutant
General GA
National
Guard, and
team
exit the
Blackhawk.**

Training FTX – Big Blast Theory





Training FTX – Big Blast Theory

**MG Cardin and
team watch
from above
as TX iteration
#2 unfolds.**



Training FTX – Big Blast Theory

**LZ Team
pops smoke
for the next
inbound
aircraft.**



Training FTX – Big Blast Theory





Medical Association of Georgia

**MAGMRC Cadets
make use of
newly learned
skills.**

Training FTX – Big Blast Theory



**MAGMRC
K-9 Team
members
Ayla & Hank
comfort a
victim.**

Training FTX – Big Blast Theory





Training FTX – Big Blast Theory

**MAGMRC
member,
Frank McDonald, MD
shares his
knowledge and
experience.**





Acknowledgements

**A special thank you
to Dr. Al Harmon,
President, Central Georgia
Technical College, for
hosting and participating in
FTX-Big Blast Theory.**





Medical Association of Georgia

Acknowledgements

**MG Cardin,
thank you for your
continued support
of MAGMRC.**





Acknowledgements

L-R

State Rep. Shaw Blackmon

**State Sen. Kay Kirkpatrick, MD
(MAGMRC Member)**

State Sen. Larry Walker

**Many thanks for
your support.**





Acknowledgements

**And, a very special thank you
to the Georgia Trauma
Care Network Commission
for providing the grant
funding that makes
all of this possible.**



*medical
reserve
corps*



Medical Association of Georgia



Subcommittee and Workgroup Report to the Georgia Trauma Network Care Commission

Name of Subcommittee or Workgroup:	MAG Medical Reserve Corps		
Project/Activity ¹	Status	Support GTC Strategic Priorities? (Y/N)	Comments
1. GEMA Mass Vaccination Sites Delta Museum, Atlanta Lakepoint Sports Complex, Cartersville	Completed Start Date: 02/23/21 Mission Ended Date: 05/21/21	Y	MAGMRC was activated by the GDPH to provide physician “medical evaluators” to GEMA vaccination sites at Delta Museum & Lakepoint Sports Complex. From a pool of nearly 100 physician volunteers, MAGMRC has provided on-site physicians to field questions such as regarding the appropriateness of the vaccine given an individual’s condition or circumstances, to providing physician care when there are adverse reactions, and in some cases to simply calm fears. Economic benefit to the state of Georgia - \$183,000

¹ Wherever possible the topic/task should be related to GTCNC Strategic Plan or activities of th

e GTCNC as defined by O.C.G.A. § 31-11-100, § 31-11-101, § 31-11-102 and § 31-11-103.

GEMA-Delta Museum Mass Vaccination Site



(L-R) Gov Brian Kemp; Unidentified; Lisa Sward, MD-MAGMRC; Commissioner Kathleen Toomey-GDPH; Director James Stallings-GEMA; Dr. Chris Rustin-GDPH



(Back L-R) Sheri Russo, GEMA; Dr. John Harvey, MAGMRC; Dr. Lisa Sward, MAGMRC; Kevin Stanfield, GEMA; (Front) Chip, MAGMRC

<p>2. Training Event “Big Blast Theory” Warner Robins</p>	<p>Completed June 11 – 12</p>	<p>Y</p>	<p>MAGMRC led a field training exercise in conjunction with Trinity Medical School, Central Georgia Technical College, GA Air National Guard, Warner Robins PD, and several local government first-responder agencies.</p> <p>Its purpose was to provide a near-real training event in both mass casualty response and interagency cooperation.</p> <p>The exercise centered around a mock bomb blast creating a mass casualty event. Training began on Friday, June 11, with classroom instruction on the nature of bomb blasts, bomb blast injuries, and triage, followed by litter management, mobile surge tent erection, and more. Saturday training began with pre-training discussions on safety and, at a very high-level, what to expect. This was followed by two mock events each preceded by a mock bomb blast. During the training, mock victims, prepared by a highly skilled moulage team, were triaged by trainees and received additional treatment as appropriate for their specific injuries.</p> <p>In some cases, victims were calmed by the MAGMRC K-9 team who were also in a training and evaluation mode.</p> <p>The Landing Zone Team received helicopter landing zone training from Ian McCullough, MD, MAGMRC member, formerly with the US Navy and experienced in helicopter landing zone operations. Practice included guiding in and out two medevac helicopters and one Blackhawk helicopter.</p> <p>Trainees also received instruction in medevac litter loading procedures, an invaluable aspect even for the members of the 116th Air National Guard who had never before trained in loading litters to civilian aircraft.</p> <p>The day closed with a “hotwash” debrief of all participants.</p> <p>In total 238 people participated in the exercise, including 24 members of MAGMRC.</p> <p>Economic Benefit to the State of Georgia – in excess of \$70,000 (excluding the training benefit to the 52 participating personnel from the 116th Air National Guard)</p>
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Photographs courtesy of Leah Yetter, <http://www.leahyetter.com/>.

Data is entered into a victim tracking app created by MAGMRC member and event Incident Commander Utkarsh Parwal, MD.



**A victim is prepared for transport to an event Hospital
(Central GA Tech Sim Center)**




Less injured receive comfort from MAGMRC K-9 Team members Ayla and Hank.



Major General Cardin, Adjutant General Georgia National Guard, is briefed by MAGMRC Safety Officer Paul Purcell



MG Cardin and Command Staff observe as mock event #2 unfolds.

			<p>MAGMRC member Leonard Goodelman provides triage instruction.</p> 

Questions, Issues, and Recommendations Requiring Commission Discussion:	
Motions for Consideration at the Commission Meeting:	
Committee Members:	
Chair/Commission Liaison:	
Date of Next Committee Meeting:	



Georgia Trauma Foundation Report to the Georgia Trauma Network Care Commission
August 19, 2021

Georgia Trauma Foundation			
Project/Activity¹	Status	Support GTC Strategic Priorities? (Y/N)	Comments
Deliverable #1 Increase number of Georgia Trauma Foundation Board Members to five through the recruitment of members outside of the Georgia Trauma Commission	We have developed a board recruitment and engagement plan to increase number of board members in FY22.	Y	
Deliverable #2 Hold Board meetings quarterly, at a minimum; number of Board meetings held per quarter to be reported on the first day of the month following the end of the quarter	We have scheduled bi-monthly (6) Board meetings for 2021. We have scheduled bi-monthly (6) Executive Committee meetings for 2021.	Y	
Deliverable #3 Execute contract for fundraising and foundation development resource	We have hired Cheryle Ward, Director of Philanthropy. (start date 1/4/21)	Y	

¹ Wherever possible the topic/task should be related to GTCNC Strategic Plan or activities of the GTCNC as defined by O.C.G.A. § 31-11-100, § 31-11-101, § 31-11-102 and § 31-11-103.

Deliverable #4 Host two fundraising endeavors & report to GTC net funds raised	We are currently developing our fundraising strategic plan.	Y	<ul style="list-style-type: none"> Introducing a fundraising event for Day of Trauma on Thursday, August 12, 2021 in St. Simons. Timeout for Trauma Gala scheduled for Saturday, April 30, 2022 at Porsche Museum and Experience Center.
Deliverable #5 Host Advocacy Day with community partners (Trauma Awareness Day)	Due to COVID restrictions, an in-person Advocacy Day was not possible.	Y	We are hoping this will return in 2022.
Deliverable #6 Host biannual Trauma System Meetings with collaborating organizations (Trauma Symposium & Day of Trauma)	<p>The Trauma Symposium and Spring Meetings will return in 2022.</p> <p>A hybrid version of Day of Trauma is set for Friday, August 13 in St. Simons Island and online.</p>	Y	We are moving location of Trauma Symposium and Spring (Winter) Meetings to Barnesly Resort in Adairsville, GA Feb 28-March 2.

Questions, Issues, and Recommendations Requiring Commission Discussion:	
Motions for Consideration at the Commission Meeting:	
Board Members:	<p>Dr. John Bleacher, President</p> <p>Dr. Regina Medeiros, Secretary/Treasurer</p> <p>Dr. Ninfa Saunders</p> <p>Elizabeth Atkins, Ex-Officio Board of Director</p>
Chair/Commission Liaison:	Dr. John Bleacher, President
Date of Next Board Meeting:	Wednesday, October 6, 2021



Georgia Trauma Foundation
Georgia Trauma Commission Meeting
August 19, 2021

MISSION

To collaborate with healthcare professionals and other key partners to improve the delivery of trauma care services throughout the state of Georgia.



VISION

To be the model trauma foundation in the United States by delivering community-focused education, serving as a knowledge base for the trauma community, building public awareness surrounding traumatic injuries, and expanding collaborations to strengthen our state trauma system.

SWOT

As part of the development of this plan, the Board analyzed its strengths, weaknesses, opportunities, and threats. The outcome of the analysis shows:

Strengths

- Georgia Trauma Commission support
- Organizational knowledge
- Quality programs
- Institutional credibility

Weaknesses

- Board limitations
- Imbalance of fund development sources
- Strategic planning deficit
- Lack of public awareness

Opportunities

- Board expansion
- Fund development growth
- Capacity building
- Increase visibility

Threats

- Competition for funding
- State level budget cuts



FOUNDATIONAL MODEL

Our new two-tiered model was used as a guide in the strategic planning process. Under the new model, everything goes back to the three focus areas presented:

Impact, Awareness, and Sustainability

This model allows us to accomplish our mandate by law, increase our impact around the state, create an awareness about trauma care/Foundation and build sustainability.

FOUNDATION

Impact

- Accelerate program impact

Awareness

- Strengthen and expand the visibility, community education and outreach of the Foundation

Sustainability

- Relentless focus on overall organizational sustainability

COLLABORATIVE

Impact

- Expand Foundation impact by partnering with trauma community

Awareness

- Fast track awareness campaign to inform and educate Georgians

Sustainability

- Bolster support towards sustainability of programs, projects, and partnership efforts

FOUNDATION TIER

STRATEGIC FOCUS ONE – IMPACT

Accelerate program impact

OBJECTIVE 1

Evaluate the breadth and depth of current programs

GOALS AND TACTICS

1. Create an evaluation method
2. Develop a process for identifying prospective programs
3. Conduct listening sessions with other organizations to discuss the strategy of the Foundation

FOUNDATION

Impact

- Accelerate program impact

Awareness

- Strengthen and expand the visibility, community education and outreach of the Foundation

Sustainability

- Relentless focus on overall organizational sustainability

COLLABORATIVE

Impact

- Expand Foundation impact by partnering with trauma community

Awareness

- Fast track awareness campaign to inform and educate Georgians

Sustainability

- Bolster support towards sustainability of programs, projects, and partnership efforts

FOUNDATION TIER

STRATEGIC FOCUS TWO – AWARENESS

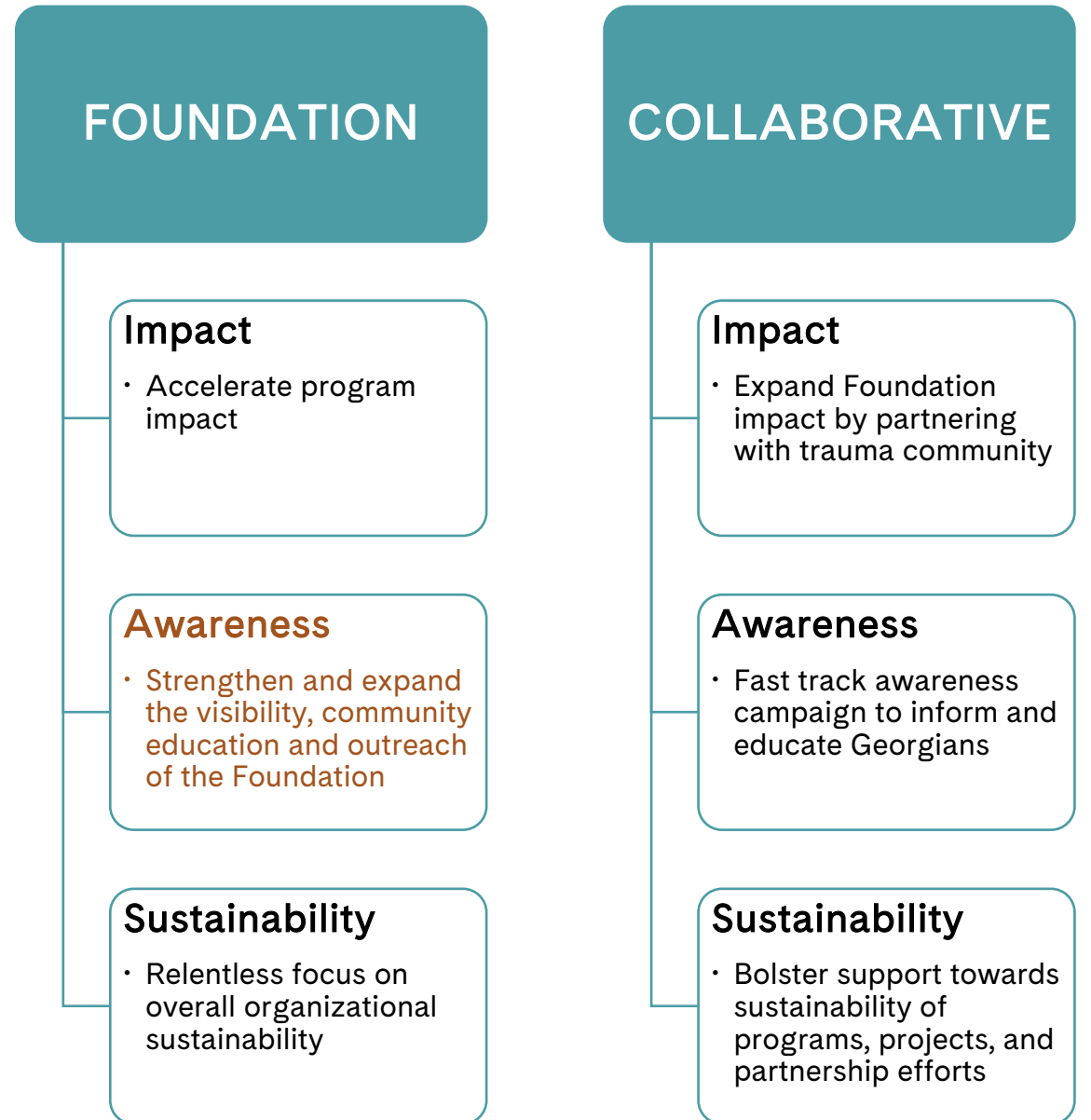
Strengthen and expand the visibility, community education and outreach of the Foundation

OBJECTIVE

Develop an awareness campaign that support the mission of the Foundation

GOALS AND TACTICS

1. Build Foundation's brand through stories of impact
2. Ensure all board members are articulate ambassadors for the Foundation
3. Secure relationships with a broad range of government affairs liaisons
4. Evaluate website engagement



FOUNDATION TIER

STRATEGIC FOCUS THREE – SUSTAINABILITY

Relentless focus on organizational sustainability

OBJECTIVE 1

Ensure sound governance supported by a strong structure

GOALS AND TACTICS

1. Develop an ongoing process for board recruitment and leadership succession
2. Develop and conduct regular assessment and evaluation
3. Develop a board engagement and retention plan
4. Establish an onboarding process for new board members
5. Create a statewide leadership pipeline

OBJECTIVE 2

Emphasis on financial sustainability

GOALS AND TACTICS

1. Focus on transparency and accountability for financial management and reporting
2. Create and implement a diversified development plan
3. Promote a culture of giving within the trauma community

FOUNDATION

Impact

- Accelerate program impact

Awareness

- Strengthen and expand the visibility, community education and outreach of the Foundation

Sustainability

- Relentless focus on overall organizational sustainability

COLLABORATIVE

Impact

- Expand Foundation impact by partnering with trauma community

Awareness

- Fast track awareness campaign to inform and educate Georgians

Sustainability

- Bolster support towards sustainability of programs, projects, and partnership efforts

COLLABORATIVE TIER

GOAL ONE - IMPACT

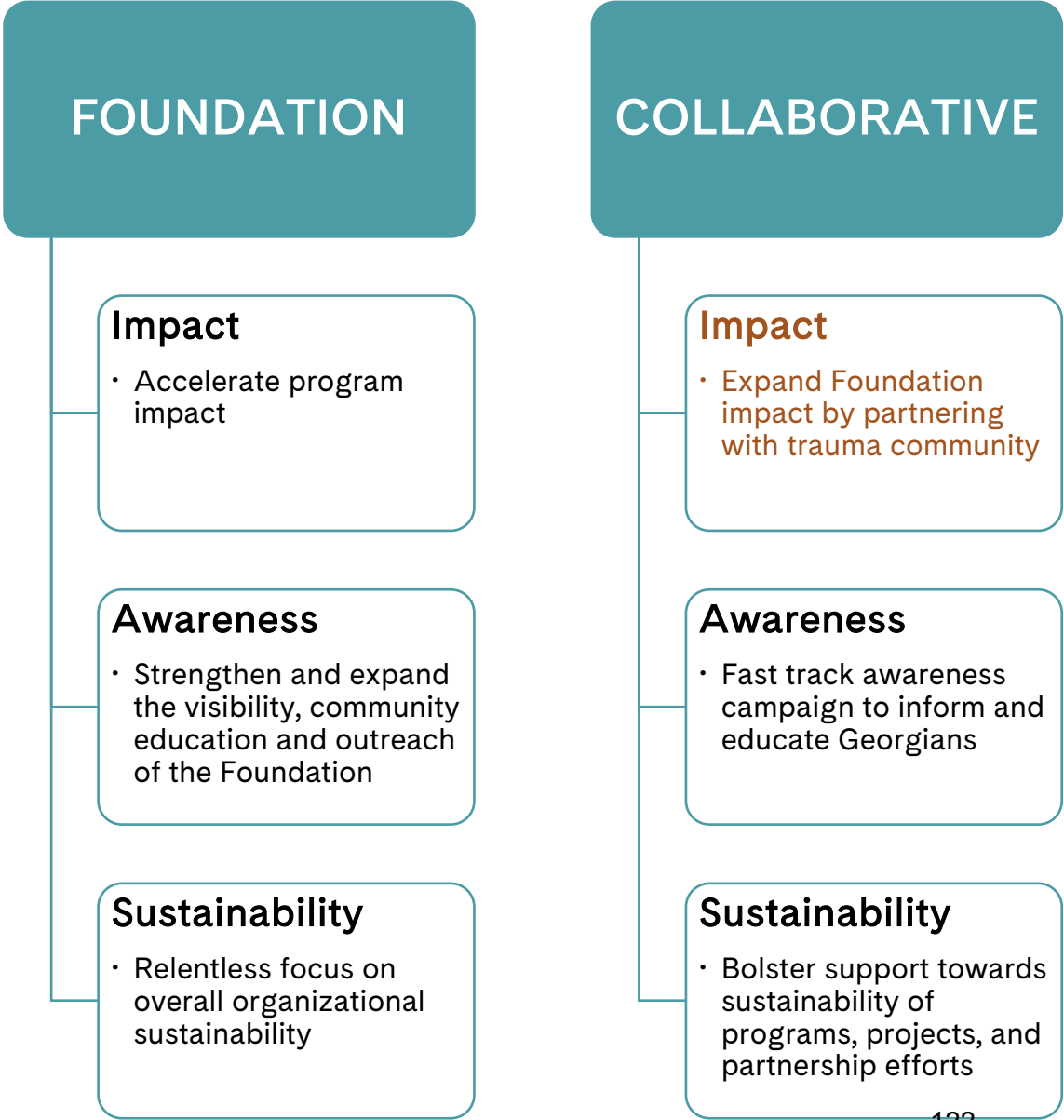
Expand Foundation impact by partnering with governmental, for profit, and not for profit community

OBJECTIVE

Collaborate with state partners to identify the critical needs and aspirations of trauma community

GOALS AND TACTICS

1. Leverage information gleaned from listening and engagement sessions with stakeholder groups to support identified needs
2. Ensure that the Foundation is aligned with initiative that addresses identified need
3. Identify best practices across the state to enhance benchmarking opportunities
4. Connect with other Trauma Foundations within the United States for purpose of knowledge transfer
5. Identify 2-3 action plans that will strengthen relationships within the trauma community



COLLABORATIVE TIER

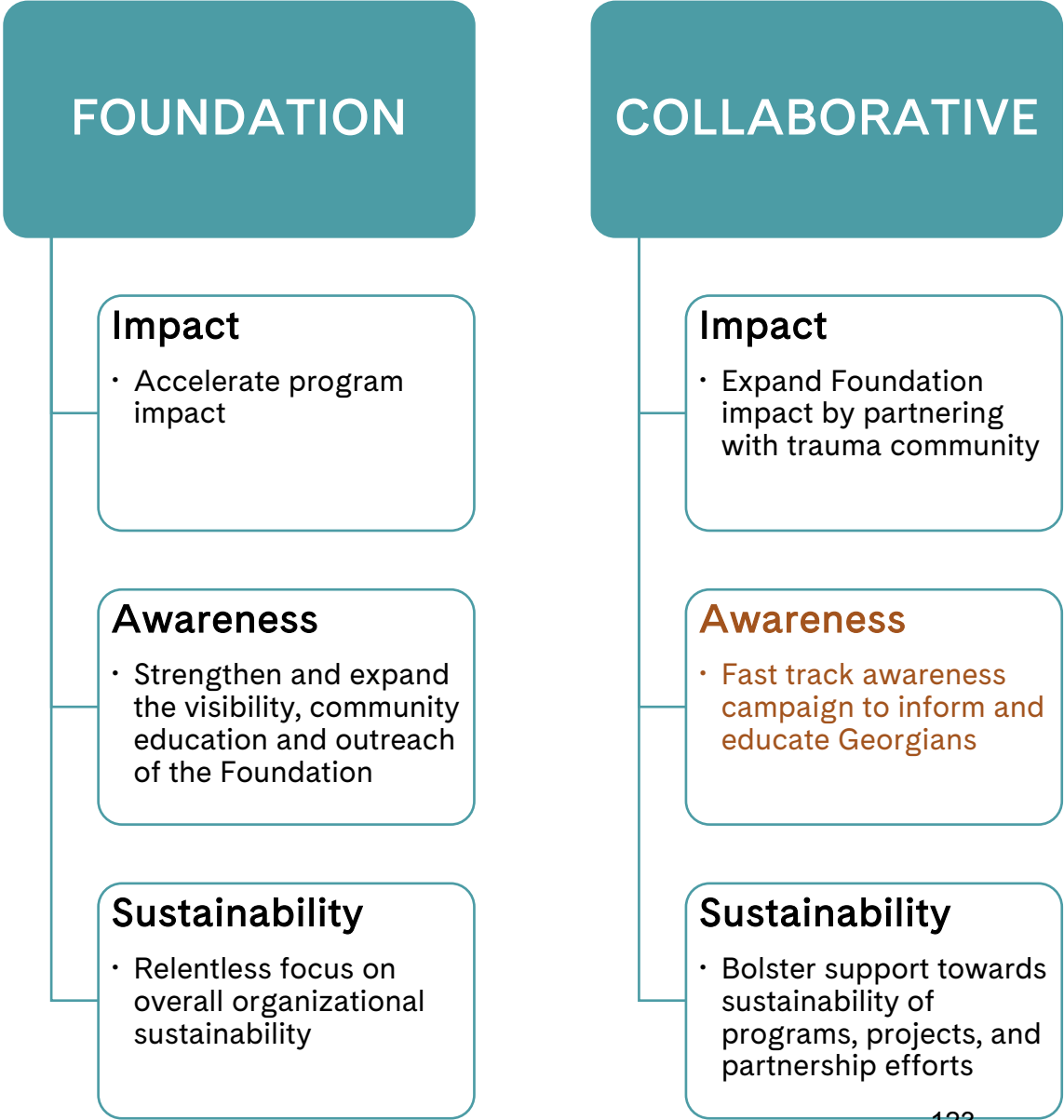
STRATEGIC FOCUS TWO – AWARENESS
Fast track awareness campaign to inform and educate Georgians

OBJECTIVE

Partner with stakeholders to establish an awareness campaign

GOALS AND TACTICS

1. Engage stakeholders across the state and explore their interest in partnership
2. Identify characteristics of the “best suited” partner who can advance the cause of the Foundation
3. Design a messaging campaign which effectively communicates the importance of comprehensive trauma systems
4. Develop an evaluation tool which measures the efficacy of the initiative awareness campaign



COLLABORATIVE TIER

STRATEGIC FOCUS THREE – SUSTAINABILITY

Bolster support towards sustainability of programs, projects, and partnership efforts

OBJECTIVE

Work with stakeholders in developing a plan for pursuing partners which supports the Foundation's mission

GOALS AND TACTICS

1. Continue mining for friends of the Foundation who will support a sustainable fundraising campaign
2. Create an application process for requesting fund support from the foundation
3. Develop base financial plan which identifies fundraising target and distribution plan

FOUNDATION

Impact

- Accelerate program impact

Awareness

- Strengthen and expand the visibility, community education and outreach of the Foundation

Sustainability

- Relentless focus on overall organizational sustainability

COLLABORATIVE

Impact

- Expand Foundation impact by partnering with trauma community

Awareness

- Fast track awareness campaign to inform and educate Georgians

Sustainability

- Bolster support towards sustainability of programs, projects, and partnership efforts



Subcommittee and Workgroup Report to the Georgia Trauma Network Care Commission

Name of Subcommittee or Workgroup:	GQIP		
Project/Activity ¹	Status	Support GTC Strategic Priorities? (Y/N)	Comments
1. Opioid and AKI Work Groups	In progress	Y	AKI: Updating predictive algorithm on previously collected data. ACS Quality & Safety conference poster presented highlighting current work. Opioid: Developing multimodal guideline. Work around data pull from EMR to augment data collection.
2. sTBI Cohort Workgroup & Drill Down	In progress	Y	Drill down data obtained 117 TBI patients. Initial analysis in progress.
3. Level III/IV Workgroup	In progress	Y	Investigating potential GQIP supported PI projects such as transfers out to definitive care.
4. Peer Protection and Data Use Policies	In planning stage	Y	Working with AG office to identify and contract with attorney to develop policies
5. Benchmarking Platform & Data Central Site	In planning stage	Y	Funds encumbered for project. Working with DPH IT for appropriate groundwork. Contracts under development. See attached project timeline.

Questions, Issues, and Recommendations Requiring Commission Discussion:	None
Motions for Consideration at the Commission Meeting:	None
Committee Members:	Dr. C. Dente, Dr. J. Sharma, Gina Solomon, Trauma center leadership staff
Chair/Commission Liaison:	Gina Solomon
Date of Next Committee Meeting:	Day of Trauma August 13, 2021 ; October 19, 2021 at 4 PM

¹ Wherever possible the topic/task should be related to GTCNC Strategic Plan or activities of the GTCNC as defined by O.C.G.A. § 31-11-100, § 31-11-101, § 31-11-102 and § 31-11-103.

ArborMetrix Project Timeline



GEORGIA
QUALITY
IMPROVEMENT
PROGRAM

Funding
Approved-
Feb 2021

Vendor
Process
Start –
March
2021

Funds
Encumbere
d - June
2021

DPH IT
Engageme
nt & AG
Request for
Special
Counsel -
July 2021

Updated
Contracts
with
Information
Security
Updates-
Aug 2021

DPH
Approval of
Contracts –
Sept 2021

AG
Approval of
Contracts –
Nov 2021

**Project
Kick Off-
Dec 2021**

Trauma Commission Report for Office of EMS and Trauma – August 2021

An invitation to collaborate:

The Georgia Office of EMS and Trauma (OEMST) is aware that the Trauma Commission's EMS Subcommittee is seeking to establish access to a Learning Management System (LMS). As an alternative to expending resources on what would be a duplication of effort, the OEMST is extending a formal invitation to the Trauma Commission, and specifically the EMS Subcommittee, to collaborate in offering trauma education to Georgia's EMS and Trauma System.

As you will recall, in 2018-2019, the OEMST approached the Trauma Commission seeking funding for a Learning Management System (LMS). While the Trauma Commission chose not to fund that request at the time, the OEMST continued to pursue other avenues to fund the system, to include re-approaching the Trauma Commission through the EMS Subcommittee. The Subcommittee believed the idea had merit yet chose not to fund the project. Given that the EMS Strategic Plan for Georgia called for the OEMST to provide EMS education through an LMS, the OEMST pursued other avenues and was able to secure funding for a permanent LMS, called TRAIN Georgia.

The TRAIN platform is highly robust and is used by the Centers for Disease Control, as well as many other states. TRAIN is a national learning network that provides thousands of quality training opportunities to more than 2 million professionals who protect and improve the public's health. Powered by the Public Health Foundation (PHF), the TRAIN Learning Network brings together agencies and organizations in the public health, healthcare, and preparedness sectors to disseminate, track, and share trainings for the health workforce on a centralized training platform.

We believe this collaboration offers several benefits. Access to TRAIN allows the OEMST to meet our statutory mandates for the provision of required education to EMS licensees, as well as synchronizing the licensee's completed educational hours with the OEMST licensing system. In addition, the OEMST can provide access to this platform on a state-wide basis for use by the EMS and trauma community at no additional cost. Finally, the costs which would be incurred by the Subcommittee for access to a separate platform could instead be used to create high-quality trauma related educational content (owned by the Trauma Commission) to be placed on the TRAIN Georgia system for free.

Benefits of TRAIN Georgia:

- Every EMS Agency, Cardiac Center, Stroke Center, Trauma Center, etc., is able to create courses for placement on TRAIN Georgia. TRAIN Georgia is **free** for use by entities wishing to provide content.
- Every medic, instructor, nurse, physician, and trauma program staff member, etc., is able to have an account and take courses on TRAIN Georgia.
- TRAIN Georgia is the ONLY system that OEMST will use to directly download course completions to the OEMST License Management System for placement on the training transcripts for medics, instructors, and any other user in the License Management System.
- TRAIN Georgia is managed by OEMST, therefore no contract with an entity to manage the content is required.
- User support is provided by OEMST and the Public Health Foundation.
- OEMST will assist content creators with getting their content on the TRAIN Georgia platform.
- Content providers are able to maintain control over their content.

We understand some concerns were raised regarding the use of the TRAIN Georgia system. To be clear, while the OEMST must approve content on TRAIN Georgia, the content would be owned and controlled by the Trauma Commission, not the OEMST. Regarding the RFI for an LMS, sent out by the Trauma Commission, the OEMST did not respond because we are not vendor of LMS systems. We have purchased access to TRAIN through our own processes and are again extending the invitation to the Trauma Commission to utilize our platform.

In summary, OEMST is offering the Trauma Commission the opportunity to focus its efforts on content creation rather than platform development. The use of TRAIN Georgia will be of no cost to the Trauma Commission and allow course completions to link directly to the user's profile in the OEMST License Management System.

Hospital Name	ACS Status (Current highlighted)	Georgia Visit
LEVEL I	ACS Verified- revisit 6/2022 ACS Verified expires 4/12/2024 ACS Verified - revisit 7/2022 ACS Verification visit confirmed 12/8 & 9, 2021 Pending ACS Verification visit 2022	ACS ACS expires 6/2022 ACS expires 4/2024 ACS expires 7/2022 ACS Verification scheduled for 12/2021 State will hold visit if ACS not confirmed by end of 2021.
LEVEL II	ACS Verified revisit 2/21 extended to 2/9/2022 Verification visit tentative for 2022 ACS Verification 6/2022 ACS Verified revisit 12/2021 extended to 2/9/2022 Pending ACS Verification visit not scheduled Pending ACS Verification visit not scheduled ACS Verification visit 3/22 and 23, 2021 ACS Verified - revisit 6/2021 extended to 6/2022	ACS revisit 2/21 extended to 2/9/2022 State will hold a visit by 12/2021 due to delay of ACS State will hold a visit by 12/2021 due to delay of ACS ACS expires 2/2022 State will hold visit by 12/2021 due to delay of ACS State will hold visit by 12/2021 due to delay of ACS ACS Verified w/ provisional 1 year. Due March 2022 ACS reverification due 6/2022
LEVEL III	Due for state visit 5/2021 will have ACS Verification 9/1/2021 Redesignation due 11/2020 extended to 11/2021 Current state designation - potential ACS consult ACS Consult on 8/18/18 dropped to Level III ACS Consult on 2/01/19 dropped to Level III Current state designation-Potential ACS consult in 2023 Current state designation	Redesignation 5/2021, Will have ACS verification 9/2021 Redesignation 11/2020 extended to 11/2021 due to COVID Redesignation due 1/2023 Status changed to Level III state visit by 12/2021- currently being scheduled Status changed to Level III state visit due 12/ 2021 currently being scheduled Redesignation due 12/2023 Redesignation due 11/2021 on schedule or 11/2021
	Facility	Dropped designation 2/24/2021
	Current state designation	Redesignation due 8/2022
LEVEL IV	Facility	Dropped designation 2/24/2021
	N/A	Redesignation due site visit by 12/2021
	N/A	Redesignation PRQ received site visit confirmed 9/13/2021
	N/A	Redesignation due - site visit by 12/2021
	N/A	Redesignation due - site visit by 12/2021
	Current state designation	Redesignation due 1/2022
	Redesignation extended by 12/2021	Redesignation due 2021 site visit by 12/2021
Pediatric Trauma Centers	ACS Verified- revisit 2021 extended to 2022 by ACS ACS Verification visit on 4/27 & 28, 2021 (final report being reviewed) ACS Verified -revisit 6/2022	ACS Verification report in review. ACS
Designated Burn Centers	Verified by ABA - revisit 2/2022 Verified by ABA - revisit 8/2022	Verified by ABA - revisit 2/2022 Verified by ABA - revisit 8/2022

Level I - (6 Total) 4 current, 2 awaiting ACS Verification visit.

Level II - (10 Total) 5 current, 5 has scheduled ACS Verifications or awaiting dates.

Level III - (7 Total) 4 current, 2 awaiting state visit, 1 scheduled ACS Verification

Level IV - (6 Total) 1 current, 1 scheduled, 4 scheduling in process.

NOTE: Projected completion of Level IV's by end of 2021 with Level III's to follow in same time period. Projection to have all centers current by 6/30/2022. Scheduling depends on COVID situation and availability of reviewers.



RTAC Quarterly Report

Quarter: 4

Date: 7/22/2021

EMS Region	I
RTAC Chair	John Pope
RTAC Coordinator	Scott Lewis

Date last BIS Assessment completed: January 2017

Date last Trauma Plan completed: November 2015

Projects:

Start Date	Status (Date if Completed)	Description and Report
Ongoing since 2017	Continuous with no end date	Hospital's capabilities document (BIS 207.2) Is currently being updated
September 29 th , 2021	<i>Scheduled</i>	<i>BIS Re-Assessment is scheduled</i>
July 26 th , 2021	<i>August 13th, 2021</i>	<i>Assisting with Stop the Bleed Blitz</i>
July 26 th , 2021	<i>August 13th, 2021</i>	<i>The Cherokee County school transport contact has agreed to get some more of his drivers into the Stop the Bleed Blitz classes.</i>
July 6 th , 2021	<i>Continuous</i>	<i>Pediatric Injury data project</i>
Ongoing since 2017	<i>Continuous</i>	<i>Adult Trauma Registry Data</i>

Regional Summary:

Region 1 has now had its second in-person meeting and several projects are continuing.

- *Adult data collection is almost complete for the entire year of 2020 and should be available to present at the next RTAC meeting.
- *There is renewed effort to drill down the data for pediatrics and develop an injury prevention program tailored toward the region.
- *The BIS re-assessment is scheduled for the small group to meet and then bring the recommended changes and new goals before the RTAC to be voted on.
- * With rising numbers of COVID-19 positive patients the RTAC chair has asked that hybrid meetings be scheduled going forward. I am looking into options and plan to have that available by the next meeting.
- *The survivor's Luncheon has been placed on hold for now due to the same.



Subcommittee and Workgroup Report to the Georgia Trauma Network Care Commission

Name of Subcommittee or Workgroup:	Region 2 Regional Trauma Advisory Committee (RTAC)		
Project/Activity ¹	Status	Support GTC Strategic Priorities? (Y/N)	Comments
1. Pre-hospital Blood Pilot Project	In progress	Y	<p>The pre-hospital blood pilot project is going well with approximately 42 initiations of product. One of the four participating services (Jackson County) has received a second cooler and setup and now carries one unit of whole blood with one liquid plasma in one cooler and two liquid plasmas in the other cooler.</p> <p>The pilot project group continues to work with GEMSMDAC and the Drugs and Devices subcommittee to determine next steps.</p> <p>Of note, region 10 is doing preliminary work to potentially join the region 2 pilot project.</p>
2. Regional Fluid Resuscitation Guideline	Complete	Y	RTAC members created a regional fluid resuscitation guideline to assist ground/air medical in limiting crystalloid administration. The RTAC and the region 2 EMS Medical Director approved the guideline. Final approval from the region 2 EMS Council was received in June.
3. Annual Trauma Symposium	In progress	Y	Region 2's Annual Trauma Symposium will be held on October 29 th , 2021. Planning is underway and all speakers have been confirmed. There are national and local speakers presenting. The event is planned as an in-person event, with a virtual platform as well; however, adjustments will be made to be completely virtual if indicated due to increasing COVID 19 numbers.

¹ Wherever possible the topic/task should be related to GTCNC Strategic Plan or activities of the GTCNC as defined by O.C.G.A. § 31-11-100, § 31-11-101, § 31-11-102 and § 31-11-103.

4.	In progress	Y	The RTAC is currently investigating feasibility of a pre-hospital ultrasound program to assist with decision making regarding needle decompression and also to assist with location of insertion, if indicated. The cost and project scope is being investigated at this time.
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Questions, Issues, and Recommendations Requiring Commission Discussion:	None
Motions for Consideration at the Commission Meeting:	None
Committee Members:	Chair: Chad Black, Vice-Chair: Jesse Gibson, Treasurer/Secretary: Lisa Farmer
Chair/Commission Liaison:	Chair: Chad Black, Commission Liaison: Liz Atkins
Date of Next Committee Meeting:	October 15, 2021



Quarter: 4

Date: 07/30/2021

EMS Region	3
RTAC Chair	Elizabeth R. Benjamin MD PhD
RTAC Coordinator	Mark Peters

Date last BIS Assessment completed: 01/2016

Date last Trauma Plan completed: 08/2016

Projects:

Start Date	Status (Date if Completed)	Description and Report
07/01/2017	In progress	Stop the Bleed Training
09/03/2020	02/08/2021	Executive Board Elections

Regional Summary:

The Region 3 RTAC Executive Board

- Chair - Elizabeth Benjamin MD
Trauma Medical Director, Grady Memorial Hospital
- Vice Chair - Alexis Smith MD
Trauma Medical Director, Children's Healthcare of Atlanta-Scottish Rite
- Secretary - Erin Moorcones RN
Trauma Educator, Grady Memorial Hospital

The RTAC is working with a new executive board to establish the needs of the region i.e. educational opportunities, process improvement, and/or regional guidelines.

Completed Stop the Bleed Classes for two Metro Atlanta Schools - KIPP Woodson Park Academy & KIPP Soul Academy

Delivered Stop the Bleed kits to a new Marietta City School - Emily Lembeck Early Learning Center



Quarter 4

Date: 08-01-2021

EMS Region	4
RTAC Chair	James (Sam) Polk
RTAC Coordinator	Stephanie Jordan

Date last BIS Assessment completed: Complete, awaiting review and approval

Date last Trauma Plan completed: 1/2018

Projects:

State Date	Status (Date if Completed)	Description and Report
6/2017	Complete	TECC Courses
10/2018	Complete	School Stop the Bleed
11/2018	Complete	School Bus Stop the Bleed
11/2018	Complete	Hospital Tourniquets
06/2020	In progress	PI: Response to trauma and outcomes

Stop The Bleed:

Persons Trained	Schools Completed	Hospitals Completed	Counties Completed	Counties with Buses Completed
4719 (updated 8/1/21)	154 (updated 6/1/21, Coweta added a new Middle School)	Piedmont Henry Piedmont Fayette Piedmont Newnan Tanner Carrollton Tanner Villa Rica Upson Regional Medical Center Warm Springs Medical Center Wellstar Spalding Wellstar Sylvan Grove Wellstar West Georgia	Butts Carroll Carrollton City Coweta Fayette Heard Henry Lamar Meriwether Pike Spalding Troup Upson	Butts Carroll Carrollton City Coweta Fayette Heard Henry Lamar Meriwether Pike Spalding Troup Upson

1. Completed additional employee training for Coweta, Troup, Meriwether, Heard, and Carroll Counties.
2. 'Train the Trainer' for new school personnel (nurses and supervisors). Gave information and access for the Stop the Bleed Training 'blitz' hosted by Region 5, also video training (from ACS – COT).
3. BIS Assessment awaiting review by Region 4 RTAC Committee and Region 4 EMS Council.
4. Process Improvement Project. Determining trauma patient transport time/delay/transfer to trauma centers. It is difficult to get data from 911 providers. – In progress.

Upcoming Activities –

1. Update Region 4 Trauma Plan, after BIS approval.
2. Reintroduce in-person Committee Meetings.
3. Define training needs for 911 Zone Providers, to improve trauma care in Region 4. Coordinate training (through GEMSA, etc).
4. Continued assistance to Wellstar West Georgia, Wellstar Spalding, and Piedmont Henry, for their Designated Trauma Center status (new DTC).



RTAC Quarterly Report

Quarter: FY 21, Q4

Date: 08/04/21

EMS Region	5
RTAC Chair	Todd Dixon
RTAC Coordinator	Kristal Smith

Date last BIS Assessment completed: 2011

Date last Trauma Plan completed: 2016

Projects:

Start Date	Status (Date if Completed)	Description and Report
Dec 2016	Ongoing	Stop the Bleed Trainings (Schools, Community, etc) – Renewed interest in additional trainings in FY 21, Q3. Universities, high schools, churches, fire departments, and small civic groups requested/hosted in-person course offerings.
Feb 2017	Ongoing	Law Enforcement Mutual Aid Trauma Program (Regional Trauma System Improvement Initiative) - To date approx 1,200 law enforcement personnel trained; LEMAT utilizations on-going. Three counties requesting additional LE MAT trainings for FY 21, Q4.
Mar 2018	Ongoing	Two GTCNC/GEMSA funded TECC courses coordinated by RTAC instructors in FY 21, Q3. Scheduling 3 TECC courses for FY 22.
Oct 2018	Ongoing	Mobile Equipment Caches (Regional Trauma System Improvement Initiative) - Two mobile Equipment Cache deployable. One deployment in FY 21, Q4
May 2019	Ongoing	Stop the Bleed - Beyond the Basics (RTAC Support Funds) - Designed to develop the region's instructor base by targeting educators in our participating hospitals and EMS agencies. Now conducting both virtual and in person Stop the Bleed and Beyond the Basics offerings.
Aug 2019	Ongoing	Stop the Bleed - Campus Resilience Initiative launched (School Response Initiative Resources) - expansion of the School Response Program to regional universities and technical colleges. Two universities hosted offerings in FY 21, Q3.
Jan 2019	Ongoing	Regional Pediatric Trauma Symposium held January 2019 and 2020 - (RTAC Support Funds) Planning committee determined it was best not to attempt a 2021 Symposium. Currently working to plan a hybrid in-person/virtual symposium in January 2022.
Feb 2020	Ongoing	Trauma Education Scholarships (RTAC Support Funds)- "Mini-scholarships" intended to assist regional in-hospital caregivers with attending trauma education offerings. FY 2021 Scholarships allowed for a regional delegation to attend STN virtual conference, Trauma Con and the SC Pediatric Trauma and Injury Prevention Symposium.
Feb 2020	Ongoing	Hospital Surge Readiness Course - educational offering for regional hospitals developed and conducted in partnership with Regional Preparedness Coalitions F and H. Currently working with SORH to rollout Surge Courses in EMS Regions 5, 6, 7, 8, & 9.



RTAC Quarterly Report

Projects (continued):

Start Date	Status (Date if Completed)	Description and Report
TBD	Ongoing	Mass-casualty Tabletops and Exercises (Regional Trauma System Improvement Initiative). Project postponed for the foreseeable future. RTAC and Regional EMS Council utilized funds to purchase Victory Handheld sprayers and disinfectant to combat COVID 19.
June 2020	Ongoing	RTAC Sponsored Q Word Podcast (RTAC Support Funds) - In order to rise to the educational challenges presented by COVID 19. The RTAC has sponsored multiple episodes on Special Populations in Trauma. The RTAC has sponsored 6 episodes to date. FY 21 Podcasts are complete and under review. Episode downloads as of 08/04/21. <ul style="list-style-type: none"> • The Pregnant Trauma Patient – 1,641 • The Pediatric Trauma Patient – 1,656 • The Bariatrics Trauma Patient – 1,530 • The Geriatric Trauma Patient – 2,058 • Neurodivergent Trauma Part 1 – 2,001 • Neurodivergent Trauma Part 2 – 2,008
July 2020	Complete	Sanitizing Equipment Distribution (RTAC Support Funds) Approximately \$23,000 of FY 20 Education funds were utilized to purchase 42 Turbo-UV Sanitizers and accessories. The RTAC in collaboration with the Regional Healthcare Coalitions are currently distributing these items to participating regional 911 EMS agencies and Emergency Departments.
July 2020	Ongoing	The Injury Prevention Initiatives (RTAC Support Funds) - IP Subcommittee is focused on preventative efforts despite the challenges of COVID 19. We have appointed a social media content manager tasked with providing targeted IP messaging, recorded short video segments intended for social media and YouTube championing Stop the Bleed, child occupant safety, helmet use, etc. Bike helmets, gun locks and other resources have been distributed at Drive Thru for Health & Safety Events. Partnering with August University Trauma Program to offer Virtual Safe@Home program.

Current Needs:

No new needs. Ongoing support appreciated.

Regional Summary:

The Region 5 RTAC membership continues to work collaboratively. The last R5 RTAC and R5 EMS Advisory Council was April 14, 2020. Our subcommittees remain active. The RTAC Performance Improvement Subcommittee and has reviewed 36 cases reviewed to date, while also working to with the Council Education Committee to shape RTAC educational goals and objectives. The IP Subcommittee held it's latest Drive Thru for Health and Safety Campaign on May 6th in Laurens County Georgia to kick off Trauma Awareness Month. We also participate in a number of firearms safety events for Georgia Stay SAFE week in June. A multi-disciplinary Rescue Task Force Instructor Course was hosted at the Gaurdian Centers May 12-14, 2021. The newly formed instructor regional RTF cadre will have a strategic planning meeting on August 16th. The Pediatric Symposium Planning Committee will also meet on August 16th. Currently, we are hosting the state-wide *Stop the Bleed Virtual Training Blitz*. As of this report, we are midway through with more than 1,300 Pre K-12 grade education professionals from Georgia public and private schools. We are enjoying the opportunity to collaborate with the other RTAC memberships.



RTAC Quarterly Report

Quarter: 4th

Date: 07/23/2021

EMS Region	Region 6
RTAC Chair	Nicky Drake
RTAC Coordinator	Farrah Parker

Date last BIS Assessment completed: In Progress to be reviewed with RTAC Committee at August 5 Meeting

Date last Trauma Plan completed:

Projects:

Start Date	Status (Date if Completed)	Description and Report
06/01	Ongoing	Regional Education forum for Region 6 agencies. RTAC would like to work collaboratively with Regional agencies to develop a partnership with regional training. It has been noted that multiple groups an agencies are providing the same education. It is believed that if we partner we can have a further reach with our First Responders and Trauma centers in our region. The RTAC will meet with representatives for the Coalition and EMS council to develop a plan and platform to provide different educational opportunities. The RTAC does have remaining funds that we would like to use toward education.
07/01	In Progress	School Bus Driver training will be completed this summer in conjunction with county training and mandatory meeting schedule. Burke County has completed training for 30 additional bus drivers. Requested additional kits if available for new buses in county. Columbia county will participate with the Stop the Bleed blitz sponsored by Region 5. Will have instructors from Region 6.
06/01	Completed	Farm Extrication classes contracted with GEMSA. Farm extrication class will be held in June in Wilkes county. Site has been selected and confirmed. *Update* Class has been scheduled for October 23-24 in Taliferro County. Land location secured and will use local fire department for instructional day.
05/01	In Progress	Request for Regional equipment for training. RTAC Committee would like to purchase and make moulage kits for the regions. Each agency (17) will receive a kit for first responder and community training. Quote in progress for supplies. Once quote has been approved. Committee will



RTAC Quarterly Report

		work with AU to provide moulage training classes for individuals interest. Will provide educational credits as well. Lisa Smith and Micahel Willis will work together for class instruction.
05/01	In Progress	Data collection on response times and transport times for Trauma centers. Will work with both Trauma centers to get de-identified data from registry reports. Data Points sent to Trauma center contacts for date range requested 01/01/2021-03/31/2021
05/01	In Progress final vote during August 5 RTAC meeting	Request for Regional equipment for training. RTAC committee would like to purchase supplies to revamp STB training kits. Requested needed materials from agencies and individuals that have kits and need replacement items. Will develop a quote for committee to review and approve. *Update* List of supplies received will have the RTAC committee vote and use remaining funds in the North Georgia Community Foundation
07/01	In Progress to have discussion during August 5 RTAC meeting	Region 6 to reach out to local grocery store chain to do some community Stop the Bleed training. With 3 national headlines of mass shooting in local groceries stores would like to do some education for employees. In the event of a shooting employees will be able to provide stop the bleed measures until first responders can enter the building.

Current Needs:

Region 6 currently has no immediate needs.

Regional Summary:

Region 6 continues its efforts to provide education across the region. The plans to collaborate with other agencies to provide education will allow us to reach more first responders and agencies. Region 6 will also participate in Region 5 Stop the Bleed Blitz. This will allow us to collectively train those new to the education system. Also, with in-person meetings this will allow us to re-engage with the subcommittees that have had projects ongoing. Hopefully we will be able to include more people from our Trauma centers and EMS agencies to help us achieve these goals.



RTAC Quarterly Report

Quarter: 4th Quarter FY2021

Date: July 23, 2021

EMS Region	7
RTAC Chair	Duane Montgomery
RTAC Coordinator	Brian Dorriety

Date last BIS Assessment completed: March 2020

Date last Trauma Plan completed: February 11, 2021

Projects:

Start Date	Status (Date if Completed)	Description and Report
9-19-19	Completed	Region 7 is 100% completed with STB training. Will continue to train new staff members. We will be participating in the Stop the Bleed Blitz.
06-01-21	In Progress	Working with Cure Violence through Safe Kids of Columbus on Violence prevention in Region 7. GSW's are up.
01-01-21	In Progress	Trauma Data Collection is completed through June 2021.

Current Needs:

We would like to see our entire Region equipped with Video Laryngoscopes (VL). We have 6 services consisting of 14 units that are not using VL. The other 21 units are equipped with VL.

Regional Summary:

01. We having our first ITLS course May 11, 12 here in Region 7 at Columbus Fire Association. We had 24 graduates, 6 became instructors
02. Last RTAC meeting on July 20, 2021. We will be voting on some equipment for Region 7. WE are looking at Poly Scoop Stretchers, Tourniquets, and pelvic binders.
03. TNCC Course is scheduled for August 6-7. We have 9 registered as of today.
04. RTAC Plan was revised on February 11, 2021 with several phone numbers and names changed
05. Delivered 16 Landing zone kits to all EMS agencies in Region 7 last week.
06. RTAC 7 Budget = **\$28,521**



RTAC Quarterly Report

Quarter: 4

Date: 8/2/21

Region: 8 & 9 Chair: 8- David Edwards; 9-Dr. Gage; **RTAC Coordinator:** Stephanie Gendron

Date last BIS Assessment completed: January 2018

Date last Trauma Plan completed: In progress

Projects:

Start Date	Status (Date if Completed)	Description and Report
7/2017	Complete- 8/13/2018;	9- GA STB- All schools complete with kits 8- Training resumed for Region 8, with 3 schools remaining; re-training in progress during Blitz
5/2018	Transportation STB- Complete 7/29/19 8-Halted	Complete- All transportation systems with kits. School systems are requesting refresher training 8- Training transportation during back to school training
10/18	Pedestrian vs. MVC Injury Prevention Research-	Working with DOT on data analysis
12/2018	DART Program	9-Training Completed 2/21- EMS council DART subcommittee needs completion plan
7/2021	EMS workforce study	Workforce study
2/2020	EMS Data Sharing	Sharing LOS, Overtriage, Mortality, Time on scene, PCR completion % with EMS Council;
1/2020	Farm Medic Class	8 & 9 Continuing classes regionally
7/2021	Construction Zone Fatality Research	Collecting crash, EMS and registry data
8/2021	ATV Injury Prevention	Region 9 Injury Prevention project with Memorial Health
6/2021	Car Seat Education	Region 8 and 9 Injury Prevention

Current Needs:

- DART Completion and Distribution plan from EMS council – Over one year and the program is still not in effect.
- Additional STB Training materials

Regional Summary:

Regional activities for both regions 8 and 9 have been on the increase for the first time since COVID-19. The regions have both held of have an in-person meeting on the schedule.

Region 8 focused on STB train-the-trainer classes in an effort to increase the network of volunteers to finish the transportation systems.

Region 8 hosted the cadaver lab in Albany Georgia in June and Region 9 hosted the cadaver lab in Statesboro in June as well, both having great turnouts.

Region 9 is still holding the DART equipment at Jekyll Island Fire Rescue. The subcommittee must identify remaining fiscal needs and establish a plan to complete the project and implement the program as the first round of funding received was well over four years ago.

Region 9 has been working with DOT on multiple injury prevention programs including the pedestrian project and a new construction zone injury and fatality project.

Region 8 and 9 are rolling out increased car seat education to the public and will work with DPH to coordinate events in Septemeber of 2021, culminating with the National Car Set Check Day.

Region 9 is collecting information regarding the workforce of the EMS community including educational background, attrition and multi-agency employment status.

Overall it has been great to see the regions get more active and we hope to not slow down through any additional COVID-19 challenges.



RTAC Quarterly Report

Quarter: 1rd

Date: 8/4/2021

EMS Region	10
RTAC Chair	Dr. Kurt Horst
RTAC Coordinator	Crystal Shelnutt

Date last BIS Assessment completed: 10/31/2016

Date last Trauma Plan completed: 12/18/2018

Projects:

Start Date	Status (Date if Completed)	Description and Report
7/2018	In Progress	BUS Driver STB City of Jefferson is the only outstanding bus drivers for region 10. We are still attempting to schedule with that organizations.
2021	Requested	Regional Trauma Courses During the most recent Region 10 EMS council meeting the request was made to resume TECC trainings and schedule another Farm Medic course. RTAC reached out to Kim Littleton with the Georgia EMS Association to request Region 10 be included in course allocations. Ms. Littleton indicated she would attempt to allocate funds in 2021 and that we would be considered for courses scheduled in 2022.
2021	Planning	Blood Products Pilot Project The blood products pilot continues to move forward! The project experienced a brief delay due to a change in leadership at the Piedmont Athens Regional bloodbank. The new director is interested in continuing the pilot project and partnering with RTAC for prehospital plasma administration. A meeting is scheduled for August 5 th with RTAC, the PAR trauma team, and the blood bank. We anticipate finalizing the administration protocol and the procedures for resupply and documentation following administration. UGA has received the Thermo Scientific Smart Trackers that will be used in the program. Following the meeting with the blood bank these units and the coolers will be distributed to the EMS services participating in the pilot to begin training. Elbert County has completed the online training and received approval for the post licensure skill from the State Office of EMS. Greene County has begun the online training and will be seeking PLS approval from the State Office.
2021	September 21	Quarterly RTAC Meeting Currently the meeting is scheduled to be inperson and hosted by Athens Technical College.



**GEMA MASS VACCINATION SITES
AFTER ACTION REPORT
February-May 2021**



TO: Georgia Department of Public Health

SUBJECT: MAGMRC Mission - GEMA Mass Vaccination Sites
23 FEB 2021 – 21 MAY 2021

DATE: July 29, 2021

SITUATION

The State of Georgia was working to vaccinate as many Georgians as possible in as short a possible period of time. GEMA had been tasked with setting up and operating mass vaccination sites. It became clear to the GEMA Site Coordinator at the Delta Flight Museum that volunteer vaccinators were not prepared to field medical questions posed by many vaccine recipients. She, therefore, sought to have on-site a qualified physician who could be the readily available and needed resource as well as provide physician oversight in the event a vaccine recipient was in need. Sheri Russo, GEMA Field Coordinator, contacted Dr. John Harvey, Medical Director for the MAG MRC, to see if MAG MRC would be willing to provide volunteer physicians to act as “Medical Evaluators.”

MISSION

MAGMRC was tasked with providing volunteer physicians to serve as Medical Evaluators at GEMA’s Mass Vaccination sites at the Delta Museum in Atlanta and their Lake Point site in Cartersville. These volunteers were to be on-site and available to field questions from vaccine recipients regarding the appropriateness of the vaccine in view of their individual conditions including immune compromised conditions, questions from vaccinators, and to provide physician oversight in the event a recipient experienced adverse side effects.

ACCOMPLISHMENTS

The MAG MRC:

- marshalled a team of 57 volunteer physicians who worked shifts at the two GEMA sites;
- created an online sign-up system using Sign-up Genius whereby volunteers could on their own schedule view and select shifts to work;
- through group emails, volunteers were kept informed of developments, impending needs, and observations and recommendations from fellow volunteers.

The MAG MRC economic impact during this mission, utilizing FEMA Hourly Pay Rates, totaled \$183,000.

IMPROVEMENTS

Overall, the responses from GEMA Field Coordinators and MAGMRC volunteer physicians were very positive in terms of the operation of the GEMA sites, of the MAGMRC processes, and of the volunteers provided. The one thing that has been mentioned by a small number of volunteers was to do with the provision of CDC guidance. While links to the online CDC guidance were provided prior to each volunteer serving their first shift, it was perhaps missed by some. A possible improvement would be to provide a regular update of the mission to all volunteers that would include all pertinent information, including such links.

EVENTS

22FEB2021, Dr. John Harvey, Medical Director of the MAGMRC, received a telephonic inquiry from GEMA Field Coordinator Sheri Russo about providing volunteer physicians to serve as Medical Evaluators at the GEMA/Delta Mass Vaccination Site to provide physician-level medical support to vaccinators and vaccine recipients. This was to be a short-term, perhaps one day mission, pending assignment of a GA National Guard PA to the site.

22FEB2021 MAGMRC received a Resource Request from GDPH to, beginning 23FEB, provide MAGMRC physicians to serve as Medical Evaluators at the GEMA/Delta Mass Vaccination Site. Incident Name: Special Event – 2020 Novel Coronavirus (COVID-19) – January 31.

22FEB2021 MAGMRC identified 71 potential volunteers, many from the 2020 COVID-19 response mission. An email was sent out requesting assistance, with several positive responses.

0800 23FEB2021 MAGMRC's first volunteer Medical Evaluator reported to the GEMA/Delta site.

23FEB2021 Sheri Russo, GEMA/Delta Site Coordinator, requested MAGMRC to continue providing Medical Evaluators through the remainder of the week and possibly the following week.

23FEB2021 MAGMRC personnel created a Sign-up Genius online sign-up site for volunteer physicians to view shifts open and sign-up. Each day was divided into two half-day shifts.

23FEB2021 MAGMRC sent an email to the identified potential volunteers advising them of the continuing need for volunteer Medical Evaluators due to the expanded duration of the request for resources and of the online sign-up site created.

01MAR2021 Sheri Russo requested MAGMRC to continue providing volunteer Medical Evaluators for the GEMA/Delta site until further notice.

09MAR2021 Dr. John Harvey received a telephonic inquiry from GEMA Field Coordinator Tim Reeve about providing volunteer Medical Evaluators for the GEMA/Lake Point site in Cartersville for a two-week period, beginning 17MAR.

09MAR2021 MAG MRC received a Resource Request from GDPH to provide volunteer Medical Evaluators to the GEMA/Lake Point mass vaccination site in Cartersville, GA.

09MAR2021 MAG MRC identified Dr. Lisa Sward, a MAGMRC member and Co-Leader of the MAGMRC Shelter Team who practices in the Cartersville area, to serve as GEMA/Lake Point Team Leader and to put together a team of volunteers.

17MAR2021 Sheri Russo requested that MAGMRC start providing two physicians per shift beginning 29MAR2021.

26MAR2021 MAGMRC GEMA/Lake Point mission complete after 8 days and 16 physician shifts.

16APR2021 MAGMRC received notice from Sheri Russo at GEMA/Delta that the site's last day of operation would be 21MAR2021 and asking that MAGMRC continue providing Medical Evaluators through that date.

21MAY2021 MAGMRC/GEMA/Delta mission complete after 64 days and 174 physician shifts.

ACKNOWLEDGEMENT

MAGMRC gratefully acknowledges the grant funding from the Georgia Trauma Care Network Commission that makes it possible for MAGMRC to respond when needed by the citizens of Georgia.

Respectfully submitted,

John S. Harvey, M.D.
MAG MRC Medical Director

Fredrick D. Jones
MAG MRC Program Coordinator

MAGMRC Recognizes the many physicians who volunteered
their time and skills to assist in this time of great need:

Akiko Ando, MD	Julie Levine, MD
Paul Arguin, MD	Jiemin Li, MD
Michelle Au, MD	Peter Liaw, MD
Mary Beauchamp, MD	Bradford Lipman, MD
Melhim Bou Alwan, MD	Frank McDonald, MD
Megan Bowles, MD	Jim McNatt, MD
Ilene Brenner, MD	Marion Owen, MD
Celio Burrowes, MD	Utkarsh Parwel, MD
Michael Chaliff, MD	Tami Prince-Clarke, MD
Howard Cohen, MD	Marilyn Radke, MD
Kendall Cooper, MD	Kate Raymond, MD
Jennifer Culley, MD	Renee Renfus, MD
Kelly DeGraffenreid Organ, MD	James Rizor, MD
Bryan DeMarco, MD	Randy Rizor, MD
Karen Dreiling, MD	Barbara Robertson, MD
Avanthi Doppalapudi, MD	Paul Scheinberg, MD
Norman Elliott, MD	Philip Shayne, MD
Stephanie Gordon, MD	Howard Silk, MD
John Harvey, MD	Dayna Smith MD, MD
Maxey Hebert, MD	Chris Sward, MD
Elizabeth Herman, MD	Lisa Sward, MD
Robert Hirsch, MD	Tisha Titus, MD
Glenn Hittel, MD	Stella Tsai, MD
Wayne Hoffman, MD	Steven Walsh, MD
Lara Jacobson, MD	Joseph Wilkes, MD
Janice Johnston, MD	Richard Yi, MD
Kay Kirkpatrick, MD	Catherine Zhang, MD
Lakshmana Kooragayala, MD	Joanne Zhu, MD
Florence LeCraw, MD	

Selected comments from MAGMRC volunteer physicians:

Glenn Hittel, MD –

I thought that the mission was well run and coordinated. I don't have any criticisms. Job well done.

Joe Wilkes, MD –

Good organizing and implementation at both sites (Delta/Lakepoint).

I am not sure what information was given to the docs that entered the project late, but there were a lot of questions about what we were doing, criteria for decision making and responsiveness to the project. Despite that it seemed to me to go very well.

Thank you for the opportunity to participate.

Wayne Hoffman, MD –

For this type of mission, a physician's specialty is not an issue as long as everyone has access to the important background information. For example, I am a retired family physician, but it definitely helped that I read up on all the CDC, FDA, and vaccine recommendations and guidelines beforehand. I also reviewed the recognition and treatment of anaphylaxis. GEMA had a good plan for handling these emergencies, and I was glad I wouldn't be expected to "run a code", but we were asked to evaluate any reactions so I was glad I brushed up on recognizing them. You might want to consider putting together a "training manual" with links to critical information for each mission like this.

Jennifer Culley, MD –

GEMA organization and logistics were so well executed. Sherri was amazing!

-Appreciate your ongoing and frequent communication.

-The early emails from other physicians on where to go, what to expect, how to dress, general tips were very helpful

-Appreciate snacks/food available (many times I was coming from clinic and didn't have time to eat!)

-Appreciate special white safety jackets with "Physician" name on the back. Helped the crews flag us down when needed (in addition to walkie talkie)

Lisa Sward, MD –

What was done well? I felt like the entirety of the GEMA vaccines sites was done well. No matter who I interacted with, they were professional— this included GEMA, military reserves, nursing and pharmacy. Everyone seemed to have a clear idea of their job. The leaders seemed to be at ease when problems arose showing the skills necessary to adapt on the fly. There was a tangible sense of camaraderie and a strong sense of purpose. Everyone seemed to believe in the goodness of the mission. I also thought MRC did a great job with the ease of sign-up for the mission and not overcomplicating things with tons of paperwork.

What could have been done better? I don't really have any suggestions for what could have been done better. I thought it was a fantastic mission.

One idea---In the future, it might be valuable to leverage those versed in social media to create a short video to show what can be expected on a mission as it unfolds. I suspect additional providers would come forth if there was a short video to detail the mission. I think sometimes fear of the unknown keeps people from stepping forward to help.

It was my absolute pleasure to be able to help in a small way! I am very grateful to the MRC visionaries who created and organized this group for service opportunities such as this one!



(L-R) Gov Brian Kemp; Unidentified; Lisa Sward, MD-MAGMRC; Commissioner Kathleen Toomey-GDPH; Director James Stallings-GEMA, Dr. Chris Rustin-GDPH



GEMA/Delta Mass Vaccination Site



(L-R) SEN Raphael Warnock; Lisa Sward, MD-MAGMRC (Co-Leader, MAGMRC Shelter Response Team)



*(L-R) Barbara Robertson MD-MAGMRC; Stella Tsai, MD-MAGMRC
(veterans of the MAGMRC 2020 COVID-19 response)*



*(Back L-R) Sheri Russo, GEMA; John Harvey, MD-MAGMRC;
Lisa Sward, MD-MAGMRC; Kevin Stanfield, GEMA;
(Front) Chip, MAGMRC*



Resource Request

Special Event - 2020 Novel Coronavirus (COVID-19) - January 31

Resource Request

Incident Name

Special Event - 2020 Novel Coronavirus (COVID-19) - January 31

Request Date/Time

02/22/2021 15:44:02

Tracking

SOC-7237684

Requestor

Requesting Position

SOC - OPS ..SOC Chief

Requesting User

Lamar McEwen

Primary Contact

Sheri Russo

Primary Contact

404-290-9105

Secondary Contact

Primary Email

sheri.russo@gema.ga.gov

Alternate Contact

Kevin Stanfield

Alternate Contact

404-434-1160

Secondary Contact

Alternate Email

kevin.stanfield@gema.ga.gov

Jurisdiction:

VAX - GEMA Delta

Details

Resource Requested

Medical Reserve Corps MD

Unit of Measure

Individual

Quantity

1

Mission / Coordinating Instructions

This request is for a Medical Reserve Corps MD to serve as a medical evaluator at the Atlanta / Delta Mass Vaccination Site effective Tuesday, February 23, 2021.

Site Manager Sheri Russo recommends Dr. Harvey @ (770) 712-6686.

Attachments

Attachment 1:

Attachment 2:

Attachment 3:

Attachment 4:

Attachment 5:

Attachment 6:

Delivery Location

Jurisdiction: Fulton County

Address: 1220 Woolman Place, Hapeville, GA 30354 [Map](#)

Lat/Long: 33.654685 / -84.419943

Assignment Details

Priority

Priority (12 hrs.)

Date/Time Due

02/23/2021 03:46:00

Status

Pending

Last Status Update

02/22/2021 15:53:54

Assigned To

SOC - OPS Human Services Branch (ESF 8) Public Health Coordinator

Xcode

Currently under review for fulfilment from MAGMRC

Update History

View History

Deployments					
Deployment #	Resource		Qty	Remarks	Details
		Deployment Total:	0		

Comments					
Position	Name	Phone	Date/Time	Comment	Update
SOC - OPS Human Services Branch (ESF 8) Public Health Coordinator	LaKieva Williams	4047368163/4046357155	02/22/2021 16:03:42	Per Sheri- Time: 8am-6pm Date: February 23 & 24th or Feb Feb 24th &25th Meals: Breakfast is provided at 7am ; Lunch will be provided (w/ a vegan option) Point of Contact: Sheri Russo- 404-290-9105 Directions: Come in South Entrance of Delta Keep going around towards FedEx It's the South entrance on Loop road	Select
SOC - OPS Human Services Branch (ESF 8) Public Health Coordinator	LaKieva Williams	4047368163/4046357155	02/22/2021 15:53:00	Staff support spoke with Sheri Russo who will coordinate with MAG MRC leader on identifying a team member from their unit to assist with this immediate need.	Select
SOC - OPS ..SOC Chief	Lamar McEwen	404-635-4208	02/22/2021 15:47:48	Site Manager Sheri Russo recommends Dr. Harvey @ (770) 712-6686.	



Resource Request

Special Event - 2020 Novel Coronavirus (COVID-19) - January 31

Resource Request

Incident Name

Special Event - 2020 Novel Coronavirus (COVID-19) - January 31

Request Date/Time

03/09/2021 15:48:37

Tracking

SOC-6555395

Requestor

Requesting Position

SOC - OPS Field Operations

Requesting User

Tim Reeve

Primary Contact

Amy Ramsey

Primary Contact

404-401-2344

Secondary Contact

Primary Email

amy.ramsey@gema.ga.gov

Alternate Contact

Tim Reeve

Alternate Contact

404-275-6277

Secondary Contact

Alternate Email

tim.reeve@gema.ga.gov

Jurisdiction:

VAX - GEMA LakePoint

Details

Resource Requested

Physician

Unit of Measure

Each

Quantity

1

Mission / Coordinating Instructions

Request is for 1 physician from MAG MRC to staff the Lake Point Mass Vaccination site for 8 days of operation. Operations will begin on Wednesday March 17. Hours of operation for the site will be Monday through Thursday from 0800 hours until 1700 hours. Friday operations are from 0800 until 1500 hours at the Lake Point Site.

Attachments

Attachment 1:

Attachment 2:

Attachment 3:

Attachment 4:

Attachment 5:

Attachment 6:

Delivery Location

Jurisdiction: Bartow County

Address: 261 Stars Way Emerson GA 30121 [Map](#)

Lat/Long: 34.115931 / -84.743811

Assignment Details

Priority

Extended (over 96 hrs.)

Date/Time Due

04/08/2021 15:55:00

Status

Pending

Last Status Update

03/09/2021 16:05:29

Assigned To

SOC - OPS Human Services Branch (ESF 8) Public Health Coordinator

Xcode

Update History

View History

Deployments					
Deployment #	Resource		Qty	Remarks	Details
		Deployment Total:	0		

Comments					
Position	Name	Phone	Date/Time	Comment	Update
SOC - OPS Human Services Branch (ESF 8) Public Health Coordinator	LaKieva Williams	4047368163/4046357155	03/09/2021 16:03:07	<div> Staff support spoke with Fred Jones from MAG MRC and confirmed they will be able to support this mission. Also, spoke with Amy Ramsey whom stated their onsite point of contact for coordination person will be Amy (404-401-2344) or Tim Reeve (404-275-6277). This RFA will remain open the duration of the mission for MAGMRC to support. </div> <div> MAG MRC POC: Fred Jones -770-241-8455 ; Dr. John Harvey-770-712-6686 </div>	Select